

AGENDA

**Regular Meeting-Liquor Violation Hearings
of the**

**CITY COUNCIL
OF THE CITY OF TROY**

FEBRUARY 18, 2004

CONVENING AT 7:30 P.M.

**Submitted By
The City Manager**

TO: The Honorable Mayor and City Council
Troy, Michigan

FROM: John Szerlag, City Manager

SUBJECT: Background Information and Reports

Ladies and Gentlemen:

This booklet provides a summary of the many reports, communications and recommendations that accompany your Agenda. Also included are suggested or requested resolutions and/or ordinances for your consideration and possible amendment and adoption.

Supporting materials transmitted with this Agenda have been prepared by department directors and staff members. I am indebted to them for their efforts to provide insight and professional advice for your consideration.

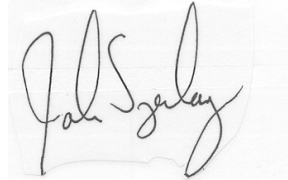
Identified below are goals for the City, which have been advanced by the governing body; and Agenda items submitted for your consideration are on course with these goals.

Goals

1. Minimize cost and increase efficiency of City government.
2. Retain and attract investment while encouraging redevelopment.
3. Effectively and professionally communicate internally and externally.
4. Creatively maintain and improve public infrastructure.
5. Protect life and property.

As always, we are happy to provide such added information as your deliberations may require.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "John Szerlag", is written over a light gray grid background.

John Szerlag, City Manager



CITY COUNCIL

**Agenda-Regular Meeting
Liquor Violation Hearings
February 18, 2004 – 7:30 P.M.
Council Chambers – City Hall
500 West Big Beaver
Troy, Michigan 48084
(248) 524-3317**

CALL TO ORDER 1

Invocation & Pledge of Allegiance – Mayor Pro Tem Lambert 1

ROLL CALL 1

OUTLINE OF PUBLIC HEARING PROCEDURE 1

PUBLIC COMMENT: 2

A. Items on the Current Agenda 2

PUBLIC HEARINGS 2

- 1.0 Liquor Violations (Class C): (a) Alibi Lounge of Troy, Inc. (dba: Alibi Lounge); (b) LaShish, Inc. (dba: LaShish); (c) Picano Restaurant, Inc. (dba: Picano's); (d) Mon Jin Lau, Inc. (dba: Mon Jin Lau); (e) Hooter's of Troy, Inc. (dba: Hooter's); (f) Brinker Restaurant Corp., Inc. (dba: Chili's Bar & Grille); (g) National Coney Island, Inc. (dba: National Coney Island); and (g) Motor City of Troy, Inc. (dba: Motor City Coney Café) 3
- (a) Alibi Lounge of Troy, Inc. (dba: Alibi Lounge)..... 3
- (b) LaShish, Inc. (dba: LaShish) 4
- (c) Picano Restaurant, Inc. (dba: Picano's) 4
- (d) Mon Jin Lau, Inc. (dba: Mon Jin Lau) 5
- (e) Hooter's of Troy, Inc. (dba: Hooter's) 6
- (f) Brinker Restaurant Corp., Inc. (dba: Chili's Bar & Grille)..... 7
- (g) National Coney Island, Inc. (dba: National Coney Island) 8
- (h) Motor City of Troy, Inc. (dba: Motor City Coney Café)..... 8

NOTICE: People with disabilities needing accommodations for effective participation in this meeting should contact the City Clerk at (248) 524-3317 or via e-mail at clerk@ci.troy.mi.us at least two working days in advance of the meeting. An attempt will be made to make reasonable accommodations.

CALL TO ORDER

Invocation & Pledge of Allegiance – Mayor Pro Tem Lambert

ROLL CALL

Mayor Matt Pryor
Robin Beltramini
Cristina Broomfield
David Eisenbacher
Martin F. Howrylak
David A. Lambert
Jeanne M. Stine

OUTLINE OF PUBLIC HEARING PROCEDURE

The City Attorney suggests the following outline of procedure for consideration of liquor violations:

1. The Mayor calls the licensee whose case is to be heard.
2. The licensee and/or his attorney should be asked to the front of the Chamber to acknowledge their presence for the record and can be seated.
3. The Assistant City Attorney makes a very short opening statement regarding the violation(s), and presents proofs.
4. When witnesses are called, they should be sworn by the City Clerk to tell the truth.
5. Once the witness is sworn, the Assistant City Attorney will question the witness.
6. The police report and other documents may be offered into evidence as part of the case and should be kept by the City Clerk as part of the records.
7. At the conclusion of the City's case, the licensee or his attorney should be asked to offer an explanation for the violations if they choose, make a statement, offer evidence, or otherwise make their presentation.
8. If the licensee offers evidence from witnesses who have not been previously sworn, the City Clerk should swear those witnesses.
9. Once the licensee has concluded his presentation, the Assistant City Attorney should be given an opportunity for rebuttal, if any is desired.
10. City Council members may ask questions at any time, but it is suggested that this questioning by Council members be conducted after the parties conclude their presentations.
11. When the presentation of evidence is concluded, the matter returns to the City Council for discussion, deliberation, and resolution.

PUBLIC COMMENT:

A. Items on the Current Agenda**PUBLIC HEARINGS**

The following named licensees have been given notice to appear for this series of Public Hearings regarding alleged violations:

Liquor Violations (Class C):

- a) Name: Alibi Lounge of Troy, Inc. (dba: Alibi Lounge)
Address: 6700 Rochester Road
License No.: Class C (858-2002)
- b) Name: LaShish, Inc. (dba: LaShish)
Address: 3720 Rochester Road
License No.: Class C (100797-2002)
- c) Name: Picano Restaurant, Inc. (dba: Picano's)
Address: 3775 Rochester Road
License No.: Class C (7024-2002)
- d) Name: Mon Jin Lau, Inc. (dba: Mon Jin Lau)
Address: 1515 E. Maple
License No.: Class C (353-2002)
- e) Name: Hooter's of Troy, Inc. (dba: Hooter's)
Address: 1686 John R
License No.: Class C (1737-2002)
- f) Name: Brinker Restaurant Corp., Inc. (dba: Chili's Bar & Grille)
Address: 402 W. 14 Mile Road
License No.: Class C (4474-2002)
- g) Name: National Coney Island, Inc. (dba: National Coney Island)
Address: 3364 Rochester Road
License No.: Class C Resort (41187-2002)
- h) Name: Motor City of Troy, Inc. (dba: Motor City Coney Café)
Address: 1949 W. Maple
License No.: Class C, Outdoor Service Permit (118796-2003 SS)

- 1.0** Liquor Violations (Class C): **(a)** Alibi Lounge of Troy, Inc. (dba: Alibi Lounge); **(b)** LaShish, Inc. (dba: LaShish); **(c)** Picano Restaurant, Inc. (dba: Picano's); **(d)** Mon Jin Lau, Inc. (dba: Mon Jin Lau); **(e)** Hooter's of Troy, Inc. (dba: Hooter's); **(f)** Brinker Restaurant Corp., Inc. (dba: Chili's Bar & Grille); **(g)** National Coney Island, Inc. (dba: National Coney Island); and **(g)** Motor City of Troy, Inc. (dba: Motor City Coney Café)

(a) Alibi Lounge of Troy, Inc. (dba: Alibi Lounge)

Suggested Resolution

Resolution #2004-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively; and

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license not be renewed after a Public Hearing on Wednesday, February 18, 2004, for the following licensed establishment:

Name: Alibi Lounge of Troy, Inc. (dba: Alibi Lounge)
Address: 6700 Rochester Road
License No.: Class C (858-2002)

and, having found violation for the following codes and/or regulations: SALE TO MINOR (Compliance Test) on October 28, 2003; and

WHEREAS, This licensee had a prior violation dated October 11, 2002 – Sale to Minor Compliance Test); and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on Wednesday, February 18, 2004;

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is recommended to the Michigan Liquor Control Commission that License Number 858-2002 (Class C) in the name of Alibi Lounge of Troy, Inc. in the City of Troy, be **RENEWED/NOT RENEWED** and that a certified copy of this resolution be **SENT** to the Michigan Liquor Control Commission.

Yes:

No:

(b) LaShish, Inc. (dba: LaShish)Suggested Resolution

Resolution #2004-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively; and

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license not be renewed after a Public Hearing on Wednesday, February 18, 2004, for the following licensed establishment:

Name: LaShish, Inc. (dba: LaShish)

Address: 3720 Rochester Road

License No.: Class C (100797-2002)

and, having found violation for the following codes and/or regulations: SALE TO MINOR (Compliance Test) on October 28, 2003; and

WHEREAS, This licensee had a prior violation dated August 16, 2001 – Sale to Minor Compliance Test); and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on Wednesday, February 18, 2004;

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is recommended to the Michigan Liquor Control Commission that License Number 100797-2002 (Class C) in the name of LaShish, Inc. in the City of Troy, be **RENEWED/NOT RENEWED** and that a certified copy of this resolution be **SENT** to the Michigan Liquor Control Commission.

Yes:

No:

(c) Picano Restaurant, Inc. (dba: Picano's)Suggested Resolution

Resolution #2004-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively; and

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license not be renewed after a Public Hearing on Wednesday, February 18, 2004, for the following licensed establishment:

Name: Picano Restaurant, Inc. (dba: Picano's)
Address: 3775 Rochester Road
License No.: Class C (7024-2002)

and, having found violation for the following codes and/or regulations: SALE TO MINOR (Compliance Test) on October 29, 2003; and

WHEREAS, This licensee had a prior violation dated May 3, 2001 – Sale to Minor Compliance Test); and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on Wednesday, February 18, 2004;

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is recommended to the Michigan Liquor Control Commission that License Number 7024-2002 (Class C) in the name of Picano Restaurant, Inc., in the City of Troy, be **RENEWED/NOT RENEWED** and that a certified copy of this resolution be **SENT** to the Michigan Liquor Control Commission.

Yes:

No:

(d) Mon Jin Lau, Inc. (dba: Mon Jin Lau)

Suggested Resolution

Resolution #2004-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively; and

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license not be renewed after a Public Hearing on Wednesday, February 18, 2004, for the following licensed establishment:

Name: Mon Jin Lau, Inc. (dba: Mon Jin Lau)
Address: 1515 E. Maple
License No.: Class C (353-2002)

and, having found violation for the following codes and/or regulations: SALE TO MINOR (Compliance Test) on October 29, 2003; and

WHEREAS, This licensee had a prior violation dated October 19, 2000 – Sale to Minor Compliance Test); and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on Wednesday, February 18, 2004;

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is recommended to the Michigan Liquor Control Commission that License Number 353-2002 (Class C) in the name of Mon Jin Lau, Inc., in the City of Troy, be **RENEWED/NOT RENEWED** and that a certified copy of this resolution be **SENT** to the Michigan Liquor Control Commission.

Yes:

No:

(e) Hooter's of Troy, Inc. (dba: Hooter's)

Suggested Resolution

Resolution #2004-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively; and

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license not be renewed after a Public Hearing on Wednesday, February 18, 2004, for the following licensed establishment:

Name: Hooter's of Troy, Inc. (dba: Hooter's)
Address: 1686 John R
License No.: Class C (1737-2002)

and, having found violation for the following codes and/or regulations: SALE TO MINOR (Compliance Test) on April 23, 2003, 2003; and

WHEREAS, This licensee had a prior violation dated November 22, 2001 – Serve Intoxicated Person (Traffic Accident); and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on Wednesday, February 18, 2004;

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is recommended to the Michigan Liquor Control Commission that License Number 1737-2002 (Class C) in the name of Hooter's of Troy, Inc., in the City of Troy, be **RENEWED/NOT RENEWED** and that a certified copy of this resolution be **SENT** to the Michigan Liquor Control Commission.

Yes:

No:

(f) Brinker Restaurant Corp., Inc. (dba: Chili's Bar & Grille)

Suggested Resolution

Resolution #2004-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively; and

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license not be renewed after a Public Hearing on Wednesday, February 18, 2004, for the following licensed establishment:

Name: Brinker Restaurant Corp., Inc. (dba: Chili's Bar & Grille)
Address: 402 W. 14 Mile Road
License No.: Class C (4474-2002)

and, having found violation for the following codes and/or regulations: SALE TO MINOR (Compliance Test) on June 20, 2003; and

WHEREAS, This licensee had a prior violation dated November 16, 2000 – Sale to Minor Compliance Test); and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on Wednesday, February 18, 2004;

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is recommended to the Michigan Liquor Control Commission that License Number 4474-2002 (Class C) in the name of Brinker Restaurant Corp., Inc., in the City of Troy, be **RENEWED/NOT RENEWED** and that a certified copy of this resolution be **SENT** to the Michigan Liquor Control Commission.

Yes:

No:

(g) National Coney Island, Inc. (dba: National Coney Island)Suggested Resolution

Resolution #2004-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively; and

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license not be renewed after a Public Hearing on Wednesday, February 18, 2004, for the following licensed establishment:

Name: National Coney Island, Inc. (dba: National Coney Island)
Address: 3364 Rochester Road
License No.: Class C Resort (41187-2002)

and, having found violation for the following codes and/or regulations: SALE TO MINOR (Compliance Test) on April 23, 2003; and

WHEREAS, This licensee had no prior violations within the last four years; and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on Wednesday, February 18, 2004;

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is recommended to the Michigan Liquor Control Commission that License Number 41187-2002 (Class C) in the name of National Coney Island, Inc., in the City of Troy, be **RENEWED/NOT RENEWED** and that a certified copy of this resolution be **SENT** to the Michigan Liquor Control Commission.

Yes:

No:

(h) Motor City of Troy, Inc. (dba: Motor City Coney Café)Suggested Resolution

Resolution #2004-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively; and

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license not be renewed after a Public Hearing on Wednesday, February 18, 2004, for the following licensed establishment:

Name: Motor City of Troy, Inc. (dba: Motor City Coney Café)
Address: 1949 W. Maple
License No.: Class C, Outdoor Service Permit (118796-2003 SS)

and, having found violation for the following codes and/or regulations: SALE TO MINOR (Compliance Test) on June 20, 2003; and

WHEREAS, This licensee had no prior violations within the last four years; and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on Wednesday, February 18, 2004;

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is recommended to the Michigan Liquor Control Commission that License Number 118796-2003 SS (Class C) in the name of Motor City of Troy, Inc., in the City of Troy, be **RENEWED/NOT RENEWED** and that a certified copy of this resolution be **SENT** to the Michigan Liquor Control Commission.

Yes:

No:

Respectfully submitted,

John Szerlag, City Manager

2003 LIQUOR VIOLATIONS

The 7/11/03 violation at Rite Aid (3986 John R) was conducted by the MLCC. A copy of the incident report is not available. However, a copy of the disposition is included in this package. It called for a \$1,000 fine and suspension of the license if all employees were not server trained within 90 days.

The 9/26/03 violation at Kelly's Market (6037 Rochester) is to be heard by the MLCC on 2/23/03. The appearance ticket issued to the store clerk has not yet been adjudicated at District Court.

The 10/29/03 violation at Mon Jin Lau (1515 E. Maple) has not been adjudicated by the MLCC yet.

The 12/26/03 violation at Kelly's market (6037 Rochester) has not been adjudicated by the MLCC yet.

LCC

Liquor Licensee History

Business name: **Alibi Lounge**

Address: 6700 Rochester (248) 879-0014

Licensee: Alibi Lounge of Troy, Inc.

License type: **Class C** (858-2002)

Permits: Sunday Sales

Comments:

Date	Troy Incident #	Type	Disposition	Date
03/17/80		Council approves license transfer		
10/26/89	89-33821	Sale to Minor (compliance test)	\$200 fine	04/11/90
04/16/93	93-10747	Sale to Minor (compliance test)	\$100 fine	03/31/94
03/28/94		Council orders TIPS training for all employees-proof sent to PD		
01/09/99	99-01282	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/06/99	99-08774	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/07/99		Council approves add space request		
06/23/99	99-23638	Compliance Test	PASSED	
11/02/99	none	Compliance Test	PASSED	
11/16/99	none	Compliance Test	PASSED	
04/27/00	00-14304	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/26/00	none	Compliance Test	PASSED	
08/27/00	00-31777	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
11/01/00	00-40529	Compliance Test	PASSED	
11/14/00	00-42180	Compliance Test	PASSED	
01/17/01	01-01998	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/27/01	01-10470	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
05/03/01		Compliance Test	PASSED	
06/06/01	01-19809	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

08/16/01	01-29499	Compliance Test	PASSED	
09/13/01	01-32999	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/02/01	01-35426	Compliance Test	PASSED	
10/18/01	01-37640	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
01/12/02	02-01253	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
01/16/02	02-01706	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/09/02	02-04270	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/26/02	02-06161	Compliance Test	PASSED	
03/15/02	02-08090	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
04/16/02	02-11686	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/21/02	02-19782	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/27/02	02-20616	Compliance Test	PASSED	
10/11/02	02-33510	Sale to Minor (compliance test)	\$500 fine	01/09/03
11/18/02	02-37557	Liquor Inspection (Road Patrol-Barrows)	NO VIOLATIONS	
01/07/03	03-743	Liquor Inspection (Road Patrol-Barrows)	NO VIOLATIONS	
02/26/03	Council	Public Hearings for 2002 Violation(s)-Must certify all employees who sell alcohol in TIPS/TAMS; proof to PD within 90 days.		
04/03/03		Proof of TIPS training received		
04/24/03	03-12247	Compliance Test	PASSED	
06/26/03	03-19507	Compliance Test	PASSED	
07/08/03	03-20924	Liquor Inspection (Road Patrol-Sewell)	NO VIOLATIONS	
08/04/03	03-24121	Liquor Inspection (Road Patrol-Cole)	NO VIOLATIONS	
08/19/03	03-25901	Liquor Inspection (Road Patrol- Cole)	NO VIOLATIONS	
10/28/03	03-33265	Sale to Minor (compliance test)	\$750 fine	12/22/03

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48084-5285
ORI # MI6378400

INCIDENT REPORT

SUPP ☐

PAGE 1 OF 3

01	DATE 10.28.03	DAY TUE	SHIFT 09	PLATOON 99	BADGE 1 006	BADGE 2 025	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 03	INCIDENT NUMBER 33265	
02	RECEIVED 1605	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED 10.28.03	TIMES(S) OCCURRED 1605	ASSIGNED HOUR / DAY 16 TUE				
03	LOCATION / ADDRESS 6700		(DIRECTION, STREET, SUFFIX, QUALIFIER) ROCHESTER RD		LOCATION 2 (INTERSECTING STREET)						
04	CITY TROY	STATE MI	ZIP 48085	CODE	BUSINESS NAME ALIBI	BUSINESS PHONE 248 879-0019					
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION RESTAURANT				ESTAB CODE 8640	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input checked="" type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED <input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL 05	GEOGRAPHIC		
06	NATURE OF OFFENSE #1 LCC VIOLATION		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS WEAPON	# PREM ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense) B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING			
07	NATURE OF OFFENSE #2		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS WEAPON	# PREM ACTIVITY				
08	NATURE OF OFFENSE #3		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS WEAPON	# PREM ACTIVITY				
09	NATURE OF OFFENSE #4		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS WEAPON	# PREM ACTIVITY	OFFENSE COMMENTS			
CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE											
V 10	CODE 8	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC WM	SEX M	DOB 06.22.83	AGE 20
I 11	ADDRESS 500	(DIRECTION, STREET, SUFFIX, QUALIFIER) W. BIG BEAVER					CITY TROY	STATE MI	ZIP 48084		
G 12	HOME PHONE	BUSINESS PHONE 248 524-3477	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. STUDENT ENFORCEMENT AIDE						
T 13	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04	VICTIM TYPE I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL		
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY 01 SPOUSE 05 CHILD 09 STEPPARENT 02 C-L SPOUSE 06 GRANDPARENT 10 STEPCHILD 03 PARENT 07 GRANDCHILD 11 STEPSIBLING 04 SIBLING 08 IN-LAW 12 OTHER FAMILY				OUTSIDE FAMILY, BUT KNOWN 20 ACQUAINTANCE 24 BOY / GIRL FRIEND 28 EMPLOYEE 21 FRIEND 25 CHILD OF "BG" ABOVE 29 EMPLOYER 22 NEIGHBOR 26 HOMOSEXUAL REL. 30 OTHERWISE KNOWN 23 BABYSITTEE (baby) 27 EX-SPOUSE 31 VICTIM WAS OFFENDER			NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF # /	FELONIOUS ASSAULT CIRCUMSTANCES	
M 15	CODE 48	OFF # 01	NAME (LAST, FIRST, MIDDLE, SUFFIX) JAMES, ERIN PAULE					RAC WF	SEX F	DOB 02.22.79	AGE 24
A 17	ADDRESS 1462	(DIRECTION, STREET, SUFFIX, QUALIFIER) SYLVAN CIRCLE					CITY ROCHESTER HILLS	STATE MI	ZIP 48307		
R 18	HOME PHONE 248 214-4178	BUSINESS PHONE 248 879-0019	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE			
R 19	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #						
E 20	PERSON COMMENTS / CLOTHING WAITRESS					SUMMONS / CITATION NUMBER(S) 650503					
S 21	ARREST / SUMMONS DESCRIPTION FURN. ACCOUNT TO A MINOR		ARREST CHARGE 1	ARREST DATE 10.28.03	PLATOON 99	BADGE 1 006	BADGE 2 025	FM	DIS	DEPARTMENT ARREST NUMBER	
T 22	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER	
23	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	<input type="checkbox"/> DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL		
CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED											
24	CODES E	DESCRIPTION PHOTO	PROPERTY TYPE	QUANTITY	YEAR	MAKE POLAROID	MODEL				
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.				
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG # 124415	LOCATION PROPERTY DEPOSITORY	LEIN / NOIC REF #					
27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED			
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK PHOTO OF BUDWEISER BEER SERVED TO HABBO							SEIZED DRUGS	TYPE	AMOUNT	MEAS
29	INVESTIGATING OFFICER(S): BRAGG / NOVAK				REVIEWED BY: NRA 207		ATTENTION TO:				

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285

OFI # M16378400

PERSON REPORT

SUPP ☐

PAGE 2 OF 3

01	DATE 10.28.03	DAY TUE	SHIFT 09	PLATOON 99	BADGE 1 006	BADGE 2 025	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRACTION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 03	INCIDENT NUMBER 33265	
CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITH (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE											
V 02	CODE 4	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) MAC COLL, CHERYL					RAC W	SEX F	DOB	AGE
I 03	ADDRESS 1126		(DIRECTION, STREET, SUFFIX, QUALIFIER) POND RIDGE					CITY TROY		STATE MI	ZIP 48085
G 04	HOME PHONE 245 828 3154	BUSINESS PHONE 248 879 0119	STATE	DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D. OFFICE MANAGER					
T 05	VICTIM CONNECTED <input type="checkbox"/> 1 <input type="checkbox"/> 3 TO OFFENSE <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE		M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL	
I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY					OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 07	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER					
V 08	CODE 4	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC W	SEX M	DOB 09.13.85	AGE 18
I 09	ADDRESS 500		(DIRECTION, STREET, SUFFIX, QUALIFIER) W. BIG BEAVER					CITY TROY		STATE MI	ZIP 48084
G 10	HOME PHONE	BUSINESS PHONE 248 524 3477	STATE	DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D.					
T 11	VICTIM CONNECTED <input type="checkbox"/> 1 <input type="checkbox"/> 3 TO OFFENSE <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE		M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL	
I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY					OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 13	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER					
14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE
A 15	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY		STATE	ZIP
R 16	HOME PHONE		BUSINESS PHONE		HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE		BUILD	SKIN TONE
R 17	STATE		DRIVER'S LICENSE #		SOC. SEC. #		SID #		FBI #		
E 18	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)					
S 19	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1		ARREST DATE		PLATOON	BADGE 1	BADGE 2	FM	DIS
T 20	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2		ARREST DATE		PLATOON	BADGE 1	BADGE 2	FM	DIS
21	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR	MULTIPLE COUNT 1 N/A	CLEAR INDICATOR	Y N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE
A 23	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY		STATE	ZIP
R 24	HOME PHONE		BUSINESS PHONE		HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE		BUILD	SKIN TONE
R 25	STATE		DRIVER'S LICENSE #		SOC. SEC. #		SID #		FBI #		
E 26	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)					
S 27	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1		ARREST DATE		PLATOON	BADGE 1	BADGE 2	FM	DIS
T 28	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2		ARREST DATE		PLATOON	BADGE 1	BADGE 2	FM	DIS
29	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR	MULTIPLE COUNT 1 N/A	CLEAR INDICATOR	Y N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
30	INVESTIGATING OFFICER(S): BRACK / NOVAK					REVIEWED BY:		ATTENTION TO:			

NARRATIVE REPORT

☒ SUPP ☐ CORR ☐ DELETE PAGE 3 of 3

01	DATE 10/28/03	Day Tue	SHIFT 09	99	BADGE 1 006	BADGE 2 025	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 03	INCIDENT # 33265

Re: LCC Violation at 6700 Rochester Rd, Alibi Restaurant

On the listed date and time Directed Patrol Officers Bragg and Novak were conducting liquor compliance checks with the assistance of Student Enforcement Aides (20 yrs old) and (18 yrs old)..

and entered the restaurant and were seated by waitress Erin James in the dining room area. James then asked and if they needed something to drink.. requested a Budweiser beer and James then left the dining area to fill the order. After about 1 minute, James returned and served the bottle of Budweiser. At no time did James request identification from or make inquiry as to his age. (See supplemental statement of Habbo)

Ofc's Bragg and Novak then secured the beer served to and had the two enforcement aides leave the restaurant. Waitress James and Office Manager Cheryl MacColl were then advised of the violation. James stated that she always checks the identifications of younger customers, but admitted that she did not do so in this case. James was unable to provide an explanation for her actions. James stated that she had been previously TIPS/TAMS trained.

Ofc. Novak took a Polaroid photo of the beer served to Habbo. That photograph was later tagged and put into the property room. (Tag No. 124415)

Waitress James was issued a Civil Infraction citation under state law for Furnishing Alcohol to a Minor. (Citation No. 650503) An LCC Violation report was completed and forwarded.

Bragg/Novak	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO

NARRATIVE REPORT
WITNESS STATEMENT

☒ SUPP ☐ CORR ☐ DELETE PAGE 1 OF 1

01	DATE 10/28/03	DAY TUE	SHIFT 09	PLAT 99	BADGE 1 207	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 03	INCIDENT # 33265
----	------------------	------------	-------------	------------	----------------	---------	---	------------	------------	---------------------

02 Statement of: F. J. J. J. Home Phone:

03 Address: 500 W. Big Beaver Business Phone:

04 City: Troy State: MI Zip: 48084

05

06 I walked into the Alibi on Oct, 28 at 4:00pm

07 I waited at the front lobby to be seated.

08 A young lady approached me and showed

09 me to my table. (Name: Erin, description: Blond

10 Short hair, red shirt, Black pants). She asked

11 me if I needed something to drink. I

12 said could I just get a budweiser, she

13 said I don't have it on tap, all I have

14 is bottle. I said that's fine, bottle is

15 fine. She left to get me my drink, and

16 came back about one minute later and

17 brought me my budweiser bottle with

18 a frozen glass. She said do you need a

19 few minutes to order, I replied yes please.

20 Officer Brass approached me and asked me

21 the description of the person that sold

22 to me. I described her to the officer,

23 and then I walked out.

24

25

26

27

28 Taken By: Sgt. Livingston (SIGNATURE)

29 Place: 4850 JOHNS R (TRAINING CENTER) Date: 10-28-03 Time: 4:40 PM

INVESTIGATING OFFICER(S) REVIEWED BY ASSIGNED TO / BADGE ATTENTION TO

Sgt. Livingston McBry

State of Michigan Uniform Law Citation

Ticket No 650503

US DOT #

Incident No 03-33265

Dept No 284

The People of the State of Michigan

Township City Village County

TROY

BAC

OF

THE UNDERSIGNED Month Day Year At approximately A M Date Month Day Year

SAYS THAT ON 10 28 03 4:05 P M 02 22 77

State Driver's License Number Social Security No

MI J 520234 676 138

Race Sex Height Weight Hair Eyes Occupation/Employer

W F

Name (First, Middle, Last)

Erin Paule James

Street

1462 Sylvan Circle

City State Zip Code

Rochester Hills MI 48307

Vehicle Plate No Year State Vehicle Description (Year, Make, Color) Type

THE PERSON NAMED ABOVE, in violation of Local Ordinance State Law Administrative Rule

UPON ALibi Restaurant

AT OR NEAR 6200 Rochester Rd.

WITHIN CITY VILLAGE TOWNSHIP OF TROY

COUNTY OF OAKLAND

DID THE FOLLOWING

Type	Charge	No.
<input checked="" type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel	<input type="checkbox"/> Authorization pend <input type="checkbox"/> Furnish Alcohol to minor	1
<input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel	<input type="checkbox"/> Authorization pend	2
<input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel	<input type="checkbox"/> Authorization pend	3

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

Offense Code(s)

1 2 3

Key for Type: Cit = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive

Waiv = Violation for Which Fines/Costs May be Waived Authorization pend = Authorization pending

Remarks LCC / decy inspection

248 214-4128

CHECK IF APPROPRIATE

Vehicle Impounded Injury Traffic Crash Death

Local Court Bond \$ License Posted in Lieu of Bond Appearance Certificate

Person in Active Military Service Yes No None

SEE DATE BELOW: SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS

Appearance Date on or before Nov 19, 2003

Hearing Date (if applicable) on

Juvenile Traffic Misd. (Court will Notify) Formal Hearing Required. (Court will Notify)

In the 52-4 DISTRICT Court of OAKLAND COUNTY

Court Address & Phone Number

520 W. BIG BEAVER RD., TROY, MICHIGAN 48084

PHONE: (248) 528-0400

I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable)

I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief

Complainant's Signature and receipt (if applicable)

Month Day Year

10 28 03

Officer's Name (printed) Officer's ID No

Neuch / Bregg 2516

Agency ORI Agency Name

MI- 6378400 TROY POLICE DEPARTMENT

UC-01a

(rev. 9/02)

Court Copy-1

Ticket

650503

Name

Case No.



Michigan Department of Consumer & Industry Services
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)
7150 Harris Drive - P.O. Box 30005
Lansing, Michigan 48909-7505
Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT
(Authorized by P.A.58 of 1998)

* This report is not to be faxed or electronically submitted - an original signature is required*

* Officers please obtain **License No.**, **Bus. ID** and **File #** directly from the liquor license *

License No. 858 2003 SS Business ID 554 File # _____

1. Name of Licensee ALIBI LOUNGE OF TROY, INC. 2. Doing Business As ALIBI LOUNGE & RESTAURANT

3. Mailing Address (street, city, zip code) 6700 Rochester Road; Troy 48098

4. Township _____ 5. County Oakland

6. Type of License(s) & Permit(s) Class C

7. Date of Violation: Tuesday 10/28/03 4:05 ☐ AM or ☒ PM
(DAY) (DATE) (HOUR)

8. Violation Type: ☒ Minor
☐ Intoxicated Person ☐ After hours sales/consumption
☐ Gambling ☐ Fighting (must be inside licensed premises)
☐ Controlled Substances ☐ Failure to Cooperate
☐ Prohibited Conduct OTHER: _____

if MINOR: Birth date 06/22/83 Was this a DECOY? ☒ Yes ☐ No If no, you MUST answer below:
If above minor violation was NOT a decoy describe enforcement action taken: _____

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 03-33265

* REMINDER, PLEASE MAIL THIS REPORT TO THE ADDRESS ABOVE.*

Officer Signature [Signature] Name and Title (print) Justin Novak, Police Officer

Officer Signature [Signature] Name and Title (print) Russell Bragg, Police Officer

Department Name Troy Police Department Phone # 248-524-3477

WITNESSES

1. Name _____ Address 500 West Big Beaver Road; Troy 48084

Will testify to: Police decoy who was served alcohol by waiter James

2. Name Erin James Address 1462 Sylvan; Rochester Hills 48307

Will testify to: Waiter who served Habbo the alcohol

3. Name Cheryl MacColl Address 1126 Pond Ridge; Troy 48085

Will testify to: Officer manager

4. Name Officer Justin Novak Address 500 West Big Beaver Road; Troy 48084

Will testify to: Witnessed LCC violation

5. Name Officer Russell Bragg Address 500 West Big Beaver Road; Troy 48084

Will testify to: Witnessed LCC violation

EVIDENCE

Location Held (Explain): City of Troy Property Room
--One photograph of alcohol served to Habbo

JENNIFER M. GRANHOLM
GOVERNOR



STATE OF MICHIGAN
LIQUOR CONTROL COMMISSION
DEPARTMENT OF LABOR & ECONOMIC GROWTH
DAVID C. HOLLISTER, DIRECTOR

NIDA R. SAMONA
CHAIRPERSON

January 9, 2004

ALIBI LOUNGE OF TROY, INCORPORATED
D/B/A ALIBI LOUNGE & RESTAURANT OF TROY
6700 ROCHESTER
TROY, MI 48098

RE: Complaint No. 3-77747

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order, certified check, or authorized credit card payable to the STATE OF MICHIGAN must be received in this office no later than February 10, 2004 as indicated on your Invoice No. 83259. Failure to submit the fine will result in confiscation of your license for the alternative penalty.

Should you wish to appeal the decision, a request for an appeal, accompanied by a fee of \$25, must be received in this office within 20 days from the mailing date of this Order. **IN FILING FOR AN APPEAL, YOU MUST STATE YOUR REASONS FOR REQUESTING THE APPEAL OR YOUR REQUEST WILL NOT BE HONORED.**

If there are any questions regarding this Order, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

A handwritten signature in cursive script that reads "Susan K. Conklin".

Susan K. Conklin, Supervisor
Hearings and Appeals

SKC:tmn

Enclosures

c: Troy PD ✓

STATE OF MICHIGAN

DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION

IN RE: ALIBI LOUNGE OF TROY, INC.
D/B/A ALIBI LOUNGE & RESTAURANT
OF TROY
6700 ROCHESTER
TROY, MI. 48098

COMPLAINT NO. 3-77747
BUSINESS I.D. NO. 554

CLASS C

CHARGE - October 28, 2003

- (1) Sell, furnish or give away alcoholic liquor to a person, one who had not then attained the age of twenty-one (21) years, contrary to Const. 1963, Art. 4, §40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

FINDINGS OF FACT

The Commissioner finds as fact that based upon the signature of Glynda Chires, an officer of the above-named Licensed Corporation, on the Waiver and Acknowledgment form of the Michigan Liquor Control Commission (MLCC), the aforementioned Licensee in this case voluntarily waived right to contest the cited allegation in this matter and, further, waived right to a hearing and entered a plea of acknowledgment to the one charge stated in Case No. 3-77747 pursuant to Rule 436.1907 of the MLCC.

The Commissioner further accepts the Violation Report of this case and attachments therein and a True Copy of the prior record of this Licensee since being licensed by the MLCC at the above named location under the current ownership as evidence in lieu of testimony in this matter.

The Commissioner believes and finds as fact, on the bases of the Violation Report and attachments therein, that _____, while under the direction of the Troy Police Department, entered the above named licensed establishment during October 28, 2003 and was served alcoholic liquor by an employee of the above-named Licensee without showing proper proof of age.

The Commissioner further finds that the employee of the above-named Licensee in this case did not demand, nor was shown, proper proof of age and did not make a diligent inquiry to determine the proper true age of the purchaser.

The Commissioner further believes and finds as fact, on the bases of the Violation Report and attachments therein, that _____ was 20 years of age at the time of this incident.

The Commissioner took under consideration for mitigative circumstances a signed written statement submitted to the MLCC by the above-named Glynda Chires which stated, in part, that the employee involved in this case has been dismissed as a result of this incident.

CONCLUSIONS OF LAW

Based upon the aforementioned Acknowledgment and Findings of Fact, the Commissioner concludes that the Licensee in Case No. 3-77747 did violate MCL 436.1801(2), as cited.

ORDER

In determining penalty for the charge for which a violation was found, the Commissioner considered the Licensee's total record which shows two prior violations which are similar to the Charge in this Complaint, the latest of which occurred on October 11, 2002, since being licensed by the MLCC on April 9, 1985 at the above-named location under the current ownership.

The Commissioner, therefore, Orders a fine of \$750.00 as penalty in this matter. The Commissioner further Orders that a suspension of 37 days be imposed if the fine is not paid.

MICHIGAN LIQUOR CONTROL COMMISSION

Dated: December 22, 2003



Ena Weathers, Commissioner

Page: 1 Document Name: untitled

RA DISTRICT COURT SYSTEM INQUIRY

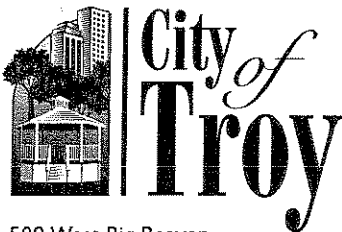
PAGE 001 OF 0

CASE# 03 004622 TYPE OI PS 01 VIO OI OFFENSE FURNISH ALCOHOL TO MINOR
 PEOPLE VS ERIN, PAULE, JAMES,

DATE	INIT	ACT CDE	LOC CDE	B/C P/D	DATE1	DATE2	TIME	PM	AMOUNT	JDG	SEN1	SEN2
110503	KF	TTD										
					TICKET TO DOCKET							0103650503
110503	KF	ARR			111903		0830	AM		10		
					APPEARANCE SCHEDULED FOR ARRAIGNMENT							
111903	HM	AC	B									
	HM				ARRAIGNMENT CONDUCTED							
					ARRAIGNED BY JUDGE MARTONE							
111903	HM	ARO	C	001					100.00			
					ACCOUNTS RECEIVABLE OPENED							
111903	HM	ARS	B	C 001						10		
					ADMITS RESPONSIBILITY							
					BENCH TRIAL							
111903	IT	ARP	C	001					100.00			
					ACCOUNTS RECEIVABLE MONIES RECEIVED							C001/0001

PS YR 03 NO 004622 MSP PDC SEQ FUNCTION RA MODE I
 *** FIRST PAGE ***

Date: 2/2/ 4 Time: 11:53:12 AM



500 West Big Beaver
Troy, Michigan 48084
Fax: (248) 524-0851
www.ci.troy.mi.us

February 10, 2004

Area code (248)

Assessing
524-3311

Bldg. Inspections
524-3344

Bldg. Operations
524-3368

City Clerk
524-3316

City Manager
524-3330

Community Affairs
524-1147

Engineering
524-3383

Finance
524-3411

Fire-Administration
524-3419

Human Resources
524-3339

Information Technology
619-7279

Law
524-3320

Library
524-3545

Parks & Recreation
524-3484

Planning
524-3364

Police-Administration
524-3443

Public Works
524-3370

Purchasing
524-3338

Real Estate & Development
524-3498

Treasurer
524-3334

General Information
524-3300

Alibi Lounge of Troy, Inc.
6700 Rochester Road
Troy, Michigan 48098

Re: Liquor License: Alibi Lounge
6700 Rochester Road
Troy, Michigan 48098

A Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 18, 2004 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: Class C (858-2002)
Violation Name: Sale to Minor
Violation Date(s): 10/28/2003

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes, CMC
Deputy City Clerk

7002 1000 0004 9357 0558

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
7002 1000 0004 9357 0558	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	
Postmark Here	
Sent To	
Street, Apt. or PO Box	
City, State	
Alibi Lounge of Troy, Inc. 6700 Rochester Road Troy, Michigan 48098	

PS Form 3800, April 2002

LCC

Liquor Licensee History

Business name: **LaShish**

Address: 3720 Rochester

Licensee: LaShish, Inc. (313) 441-2900

License type: **Class C** (100797-2002)

Permits: Sunday Sales

Comments: Contact: Mustafa Dakroub (313) 562-7200

Date	Troy Incident #	Type	Disposition	Date
11/20/00		Council approves license transfer from Jacques Mediterranean		
11/01/00	00-40521	Compliance Test	PASSED	
11/17/00	00-42667	Compliance Test	PASSED	
02/08/01	01-04633	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
05/03/01		Compliance Test	PASSED	
06/06/01	01-19776	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/16/01	01-29475	Sale to Minor (Compliance Test)	\$400	10/23/01
10/02/01	01-35422	Compliance Test	PASSED	
10/16/01	01-37330	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/26/02	02-06156	Compliance Test	PASSED	
02/27/02	Council	Public Hearings for 2001 Violation(s)-Resolution requiring TIPS/TAM training for all employees who sell alcohol with proof to the PD within 60 days		
04/16/02		Proof Received (Mgr to be trained as trainer then train staff)		
04/30/02	02-13429	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/27/02	02-20610	Compliance Test	PASSED	
07/25/02	02-24146	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
09/18/02	02-30865	Liquor Inspection (Road Patrol- Sewell)	NO VIOLATIONS	
10/11/02	02-33530	Compliance Test	PASSED	

11/10/02	02-36722	Liquor Inspection (Road Patrol- Drewek)	NO VIOLATIONS	
01/04/03	03-444	Liquor Inspection (Road Patrol- Drewek)	NO VIOLATIONS	
03/06/03	03-6802	Liquor Inspection (Road Patrol- Drewek)	NO VIOLATIONS	
04/24/03	03-12244	Compliance Test	PASSED	
06/20/03	03-18715	Compliance Test	PASSED	
07/15/03	03-21722	Liquor Inspection (Road Patrol- Barton)	NO VIOLATIONS	
08/03/03	03-23997	Liquor Inspection (Road Patrol- Barton)	NO VIOLATIONS	
09/10/03	03-28266	Liquor Inspection (Road Patrol- Barton)	NO VIOLATIONS	
10/28/03	03-33303	Sale to Minor (compliance test)	\$600 fine	12/23/03
01/17/04	04-1713	Liquor Inspection (Road Patrol- Drewek)	NO VIOLATIONS	

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285
ORI # MI6378400

INCIDENT REPORT

SUPP ☐

PAGE 1 OF 3

01	DATE 10.28.03	DAY Tue	SHIFT 09	PLATOON 99	BADGE 1 025	BADGE 2 006	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 03	INCIDENT NUMBER 33303
02	RECEIVED 2200	DISPATCHED	ARRIVED	COMPLETED 2230	DATE(S) OCCURRED 10/28/03	TIMES(S) OCCURRED 2204	ASSIGNED HOUR / DAY 22 Tue			
03	LOCATION / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 31720 Rochester Rd.					LOCATION 2 (INTERSECTING STREET)				
04	CITY Troy	STATE MI	ZIP 48063	CODE L	BUSINESS NAME La Shish			BUSINESS PHONE 248 457-1111		
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION restaurant				ESTAB CODE 8640	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input checked="" type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED <input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL 05	GEOGRAPHIC	
06	NATURE OF OFFENSE #1 LCC Violation		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM 00	ACTIVITY D.T.	ACTIVITY TYPES (Maximum 3 Per Offense) B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING
07	NATURE OF OFFENSE #2		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	
08	NATURE OF OFFENSE #3		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	
09	NATURE OF OFFENSE #4		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	OFFENSE COMMENTS

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 10	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) DPU		RAC	SEX	DOB	AGE
I 11	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)		CITY		STATE		ZIP	
G 12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.			
T 13	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS F <input type="checkbox"/> FATAL
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN			
M 15	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	NOT KNOWN 98 STRANGER 99 UNKNOWN REL / OFF # /	FELONIOUS ASSAULT CIRCUMSTANCES

16	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) Rahman, Shameen		RAC	SEX	DOB 10/3/24/69	AGE
A 17	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 2438 John R Rd. Apt. 206		CITY Troy		STATE MI		ZIP 48063	
R 18	HOME PHONE (248) 743-0784	BUSINESS PHONE (248) 457-1111	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
R 19	STATE MI	DRIVER'S LICENSE # R550765001237	SOC. SEC. #	SID #	FBI #			
E 20	PERSON COMMENTS / CLOTHING water				SUMMONS / CITATION NUMBER(S) # 650504			
S 21	ARREST / SUMMONS DESCRIPTION Furnish Alcohol to Minor		ARREST CHARGE 1	ARREST DATE 10.28.03	PLATOON 99	BADGE 1 025	BADGE 2 006	FM DIS DEPARTMENT ARREST NUMBER
T 22	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM DIS AFIS NUMBER
23	ARREST TYPE <input checked="" type="checkbox"/> ON VIEW (No Warrant) <input checked="" type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR <input type="checkbox"/> MULTIPLE COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input checked="" type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input checked="" type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL

CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED

24	CODES	DESCRIPTION E PHOTO	PROPERTY TYPE	QUANTITY 1	YEAR	MAKE POLAROID	MODEL
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG # 124414	LOCATION PROPERTY DEP	LEIN / NCIC REF #	
27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME PERSON / DEPARTMENT NOTIFIED
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK photo of beer served						SEIZED DRUGS TYPE AMOUNT MEAS
29	INVESTIGATING OFFICER(S): Novak / Bragg / D. Livingston				REVIEWED BY: A. B. B.	ATTENTION TO:	

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285

ORI # M6378400

PERSON REPORT

SUPP ☐

PAGE 2 OF 3

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRADITION DECLINED	YEAR	INCIDENT NUMBER		
	10.28.03	Tue	99	99	025	006	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	03	33303		
CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITH (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE												
V 02	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE
	48								W	M	09.13.85	18
I 03	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)						CITY	STATE	ZIP		
	500	W Big Beaver						Troy	MI	48064		
G 04	HOME PHONE	BUSINESS PHONE	STATE		DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D.					
		524-3477					Deacy					
T 05	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS	<input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	<input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE	<input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY	<input type="checkbox"/> POSS. INT. INJURIES <input type="checkbox"/> SEVERE LACERATION	<input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS	<input type="checkbox"/> FATAL
I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY						OUTSIDE FAMILY, BUT KNOWN		NOT KNOWN		REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 07	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	96 STRANGER					
	02 CL SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	98 UNKNOWN					
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN						
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER						
V 08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE
	4		Alasri, Saleh									
I 09	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)						CITY	STATE	ZIP		
	3720	Rochester Rd.						Troy	MI	48063		
G 10	HOME PHONE	BUSINESS PHONE	STATE		DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D.					
		457-1111					Manager					
T 11	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS	<input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	<input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE	<input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY	<input type="checkbox"/> POSS. INT. INJURIES <input type="checkbox"/> SEVERE LACERATION	<input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS	<input type="checkbox"/> FATAL
I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY						OUTSIDE FAMILY, BUT KNOWN		NOT KNOWN		REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 13	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	96 STRANGER					
	02 CL SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	98 UNKNOWN					
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN						
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER						
14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE
A 15	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)						CITY	STATE	ZIP		
R 16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE				
R 17	STATE	DRIVER'S LICENSE #	SOC. SEC. #		SID #		FBI #					
E 18	PERSON COMMENTS / CLOTHING						SUMMONS / CITATION NUMBER(S)					
S 19	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER		
T 20	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER		
21	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST	01 <input type="checkbox"/> UNARMED	13 <input type="checkbox"/> RIFLE	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	ARREST ORIGIN	<input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL	<input type="checkbox"/> DISP <input type="checkbox"/> PER	
					(ENTER "A" IF AUTO)	11 <input type="checkbox"/> FIREARM	14 <input type="checkbox"/> SHOTGUN	30 <input type="checkbox"/> CLUB / BRASS KNUCKLES				
22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE
A 23	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)						CITY	STATE	ZIP		
R 24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE				
R 25	STATE	DRIVER'S LICENSE #	SOC. SEC. #		SID #		FBI #					
E 26	PERSON COMMENTS / CLOTHING						SUMMONS / CITATION NUMBER(S)					
S 27	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER		
T 28	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER		
29	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST	01 <input type="checkbox"/> UNARMED	13 <input type="checkbox"/> RIFLE	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	ARREST ORIGIN	<input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL	<input type="checkbox"/> DISP <input type="checkbox"/> PER	
					(ENTER "A" IF AUTO)	11 <input type="checkbox"/> FIREARM	14 <input type="checkbox"/> SHOTGUN	30 <input type="checkbox"/> CLUB / BRASS KNUCKLES				
30	INVESTIGATING OFFICER(S):						REVIEWED BY:		ATTENTION TO:			
	Nasak / Biagg / D. Livingston											

NARRATIVE REPORT

_ SUPP _ CORR _ DELETE PAGE 3 OF 3

01	DATE 10/28/03	DAY Tue	SHIFT 9	PLAT 99	BADGE 1 25	BADGE 2 06	INCIDENT STATUS _ CLR ARREST _ UNF _ CLR EXCEPT _ INACT	PRIM CLASS	YEAR 03	33303
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INCIDENT: LCC Violation

LOCATION: La Shish Restaurant, 3720 Rochester Rd, Troy MI, 48084

INFORMATION:

Officers were conducting LCC inspections utilizing decoy (18 yrs old). All forms of identification were removed from prior to his decoy activities.

Officers observed as entered La Shish and was seated at a table. Waiter Shameen Rahman made contact with at his table. advised Rahman that he was waiting for his girlfriend and advised that he would like a drink while he was waiting. Rahman told what beers the restaurant served. ordered a Corona beer. Rahman returned several minutes later and served with an open bottle of Corona beer. Rahman did not ask for any identification and never inquired about Totten's age. Upon service of the alcohol, Officer Bragg and I (Novak) took custody of the alcohol and released from the scene to Sgt. Livingston (written statement is attached). Officers made contact with waiter Rahman and his manager, Saleh Alasri. Both men were advised that Rahman had just served alcohol to a minor without diligent inquiry towards age.

DISPOSITION:

Waiter Rahman was issued citation #650504 for violation of MCL 436.1701 (1), furnishing alcohol to a minor (decoy). Manager Alasri was advised that an LCC violation report would be completed and filed with the LCC. A photograph of the beer was taken in the restaurant and placed into evidence, tag #124414. No further action by officers.

INVESTIGATING OFFICER(S) Ofc. Novak / Ofc. Bragg / Sgt. D. Livingston	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
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TROY POLICE DEPT.

500 W. Big Beaver, Troy, MI 48084

ORI # MI6378400

NARRATIVE REPORT
WITNESS STATEMENT☒ SUPP☐ CORR☐ DELETE

PAGE 1 OF 1

01	DATE 10/28/03	DAY Tue	SHIFT 09	PLAT 99	BADGE 1 025	BADGE 2 006	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> CLR EXCEPT	<input type="checkbox"/> UNF <input type="checkbox"/> INACT	PRIM CLASS	YEAR 03	INCIDENT # 33303
----	------------------	------------	-------------	------------	----------------	----------------	---	--	------------	------------	---------------------

02 Statement of: 9-13-85 Home Phone:

03 Address: (PLEASE PRINT) 500 W. Big Beaver Rd. Business Phone:

04 City: Troy State: Zip:

05 I was at LaShish at 10:00 p.m. on October 28, 2003.

06 I told the server that I was waiting for my girlfriend and

07 I wanted a drink while I was waiting. I asked him what

08 kind of beer they served. The man listed 4 companys. I ordered

09 a Corona and he said ok. He was gone for about 4 or 5 minutes.

10 He came back with some bread and told me that he would be right

11 back with my Corona. He gave it to me and then the 2

12 officers came in and I left. He never asked me how old

13 I was or for any identification

14

15

16

17

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19

20

21

22

23

24

25

26

27 X: (SIGNATURE)

28 Taken By: Noah

29 Place: 500 W. 16, Troy Date: 10/28/03 Time: 2300
INVESTIGATING OFFICER(S) REVIEWED BY ASSIGNED TO / BADGE ATTENTION TO
Noah / Blagg / D. Livingston

State of Michigan Uniform Law Citation				Ticket No. 650504		<input type="checkbox"/> Victim Involved	
US DOT #				Incident No. 03-33303		Dept. No. 784	
The People of <input type="checkbox"/> the State of Michigan <input type="checkbox"/> Township <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> County				Local Use/Arrest No.		Detection Device	
TROY				BAC		1 of 1	
OF:							
THE UNDERSIGNED		Month	Day	Year	At approximately	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Date
SAYS THAT ON		10	28	03	10:01		10/28/03
State		Driver's License Number		Social Security No.			
MI		R 550 765 001 237					
Race	Sex	Height	Weight	Hair	Eyes	Occupation/Employer	
W	M	507					
Name (First, Middle, Last) SHAMEEN RAHMAN							
Street 2438 JOHN R RD APT 206							
City		State		Zip Code			
TROY		MI		48065			
Vehicle Plate No.		Year	State	Vehicle Description (Year, Make, Color)			Type
THE PERSON NAMED ABOVE, in violation of <input type="checkbox"/> Local Ordinance <input checked="" type="checkbox"/> State Law <input type="checkbox"/> Administrative Rule UPON 3720 ROCHESTER AT OR NEAR LA SWISH RESTAURANT WITHIN <input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWNSHIP OF TROY COUNTY OF OAKLAND							
DID THE FOLLOWING				Charge			
Type	Ordinance	Description (include any bond amount collected on each charge)					No.
<input checked="" type="checkbox"/> C/I	<input type="checkbox"/> Warn	FURNISH ALCOHOL TO A MINOR (DECOY)					1
<input type="checkbox"/> Misd	<input type="checkbox"/> Fug						
<input type="checkbox"/> Fel	<input type="checkbox"/> Warn						
<input type="checkbox"/> C/I	<input type="checkbox"/> Warn						
<input type="checkbox"/> Misd	<input type="checkbox"/> Fug						2
<input type="checkbox"/> Fel	<input type="checkbox"/> Warn						
<input type="checkbox"/> C/I	<input type="checkbox"/> Warn						
<input type="checkbox"/> Misd	<input type="checkbox"/> Fug						3
<input type="checkbox"/> Fel	<input type="checkbox"/> Warn						
TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.							
Offense Code(s) 1 436.1701(1) 2 3							
Key for Type: C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive Waiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending							
Remarks (248) 743-0784							
CHECK IF APPROPRIATE <input type="checkbox"/> Damage to Property <input type="checkbox"/> Local Court Bond \$ <input type="checkbox"/> Vehicle Impounded <input type="checkbox"/> Injury <input type="checkbox"/> License Posted in Lieu of Bond <input type="checkbox"/> Traffic Crash <input type="checkbox"/> Death <input type="checkbox"/> Appearance Certificate Person in Active Military Service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> None							
SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS. Appearance Date on or before NOVEMBER 19 2003 8:30 AM Hearing Date (if applicable) on <input checked="" type="checkbox"/> Contact Court <input type="checkbox"/> Juvenile Traffic Misd. (Court will Notify) <input type="checkbox"/> Formal Hearing Required. (Court will Notify)							
In the 52-4 DISTRICT				Court of OAKLAND COUNTY			
Court Address & Phone Number 520 W. BIG BEAVER RD., TROY, MICHIGAN 48064 PHONE: (248) 528-0400							
I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable) I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.							
Complainant's Signature and receipt if applicable DRAG					Month	Day	Year
					10	28	03
Officer's Name (printed) DRAG					Officer's ID No. 006		
Agency ORI MI-6378400				Agency Name TROY POLICE DEPARTMENT			
UC-01a (rev. 9/02)				Court Copy-1			

 Ticket
650504

Name

Case No.



Michigan Department of Consumer & Industry Services
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)
7150 Harris Drive - P.O. Box 30005
Lansing, Michigan 48909-7505
Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT
(Authorized by P.A.58 of 1998)

* This report is not to be faxed or electronically submitted - an original signature is required*

* Officers please obtain **License No., Bus. ID and File #** directly from the liquor license *

License No. Class C 100797 2003SS Business ID 135216 File # _____

1. Name of Licensee LA SHISH INC 2. Doing Business As LA SHISH

3. Mailing Address (street, city, zip code) 3720 Rochester Road; Troy 48083

4. Township _____ 5. County Oakland

6. Type of License(s) & Permit(s) One bar - Sunday Sales

7. Date of Violation: Tuesday 10/28/03 10:04 ☐ AM or ☒ PM
(DAY) (DATE) (HOUR)

8. Violation Type: ☒ Minor ☐ Intoxicated Person ☐ After hours sales/consumption
☐ Gambling ☐ Fighting (must be inside licensed premises)
☐ Controlled Substances ☐ Failure to Cooperate
☐ Prohibited Conduct OTHER: _____

if MINOR: Birth date 09/13/85 Was this a DECOY ? ☒ Yes ☐ No If no, you MUST answer below:
If above minor violation was NOT a decoy describe enforcement action taken: _____

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 03-33303

* REMINDER, PLEASE MAIL THIS REPORT TO THE ADDRESS ABOVE.*

Officer Signature [Signature] #25 Name and Title (print) Justin Novak, Police Officer

Officer Signature [Signature] #6 Name and Title (print) Russell Bragg, Police Officer

Department Name Troy Police Department Phone # 248-524-3477

WITNESSES

1. Name _____ Address 500 West Big Beaver Road; Troy 48084

Will testify to: Police decoy who was served alcohol by waiter Rahman

2. Name Shameen Rahman Address 2438 John R; Apt 206; Troy 48083

Will testify to: Waiter who served Totten the alcohol

3. Name Sgt. David Livingston Address 500 West Big Beaver Road; Troy 48084

Will testify to: Witnessed LCC violation

4. Name Officer Justin Novak Address 500 West Big Beaver Road; Troy 48084

Will testify to: Witnessed LCC violation

5. Name Officer Russell Bragg Address 500 West Big Beaver Road; Troy 48084

Will testify to: Witnessed LCC violation

EVIDENCE

Location Held (Explain): City of Troy Property Room
—One photograph of Corona beer bottle served to Totten
(ID tag No. 124414)



STATE OF MICHIGAN
LIQUOR CONTROL COMMISSION
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
DAVID C. HOLLISTER, DIRECTOR

JENNIFER M. GRANHOLM
GOVERNOR

NIDA R. SAMONA
CHAIRPERSON

January 5, 2004

LA SHISH, INC.
D/B/A LA SHISH
3720 ROCHESTER
TROY, MI 48083

RE: Complaint No. 3-77751

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order, certified check, or authorized credit card payable to the STATE OF MICHIGAN must be received in this office no later than FEBRUARY 2, 2004 as indicated on your Invoice No. 83211. Failure to submit the fine will result in confiscation of your license for the alternative penalty. In any event, costs assessed must be paid, as only fines assessed are alternative to a suspension.

Should you wish to appeal the decision, a request for an appeal, accompanied by a fee of \$25, must be received in this office within 20 days from the mailing date of this Order. **IN FILING FOR AN APPEAL, YOU MUST STATE YOUR REASONS FOR REQUESTING THE APPEAL OR YOUR REQUEST WILL NOT BE HONORED.**

If there are any questions regarding this Order, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin
Susan K. Conklin, Supervisor
Hearings and Appeals

SKC:ll

Enclosures

cc: Troy Police Dept

STATE OF MICHIGAN
DEPARTMENT OF LABOR AND ECONOMIC GROWTH
LIQUOR CONTROL COMMISSION

IN RE: LA SHISH, INC.
D/B/A LA SHISH
3720 ROCHESTER
TROY, MI. 48083

COMPLAINT NO. 3-77751
BUSINESS I.D. NO. 135216

CLASS C

CHARGE - October 28, 2003

- (1) Sell, furnish or give away alcoholic liquor to a person, one _____, who had not then attained the age of twenty-one (21) years, contrary to Const. 1963, Art. 4, §40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

FINDINGS OF FACT

The Commissioner finds as fact that based upon the signature of Talal K. Chahine, an officer of the above-named Licensed Corporation, on the Waiver and Acknowledgment form of the Michigan Liquor Control Commission (MLCC), the aforementioned Licensee in this case voluntarily waived right to contest the cited allegation in this matter and, further, waived right to a hearing and entered a plea of acknowledgment to the one charge stated in Case No. 3-77751 pursuant to Rule 436.1907 of the MLCC.

The Commissioner further accepts the Violation Report of this case and attachments therein and a True Copy of the prior record of this Licensee since being licensed by the MLCC at the above named location under the current ownership as evidence in lieu of testimony in this matter.

The Commissioner believes and finds as fact, on the bases of the Violation Report and attachments therein, that I _____ while under the direction of the Troy Police Department, entered the above named licensed establishment during October 28, 2003 and was served alcoholic liquor by an employee of the above-named Licensee without showing proper proof of age.

The Commissioner further finds that the employee of the above-named Licensee in this case did not demand, nor was shown. proper proof of age and did not make a diligent inquiry to determine the proper true age of the purchaser.

The Commissioner further believes and finds as fact, on the bases of the Violation Report and attachments therein, that _____ was 18 years of age at the time of this incident.

The Commissioner took under consideration for mitigative circumstances a signed written statement submitted to the MLCC by Mustafa Dakroub, an employee of the above-named Licensee.

CONCLUSIONS OF LAW

Based upon the aforementioned Acknowledgment and Findings of Fact, the Commissioner concludes that the Licensee in Case No. 3-77751 did violate MCL 436.1801(2), as cited.

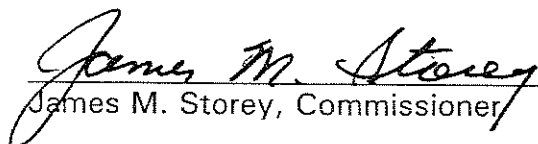
ORDER

In determining penalty for the charge for which a violation was found, the Commissioner considered the young age of the purchaser and the Licensee's total record which shows one prior violation which is similar to the Charge in this Complaint, and which occurred on August 16, 2001, since being licensed by the MLCC on April 13, 2001 at the above-named location under the current ownership.

The Commissioner, therefore, Orders a fine of \$600.00 as penalty in this matter. The Commissioner further Orders that a suspension of 30 days be imposed if the fine is not paid.

MICHIGAN LIQUOR CONTROL COMMISSION

Dated: Dec. 23, 2003


James M. Storey, Commissioner

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/31
XFER TKT# 01 03 650504
CASE 03 004620 PS 01 TYPE OI DEF NAME SHAMEEN,,RAHMAN,
SOC SEC 000000000 SEX M RACE DOB 032469 LIC # MI R550765001237
ATTY BAR # NAME

OFFENSE 4252 000 FURNISH ALCOHOL TO MINOR DATE 102803 CONV CODE
CHARGE CODE JUDGE 10
DISP ARS B ADMITS RESPONSIBILITY AT BENCH TRIAL COND DATE 111903
SENTENCE DATE 111903 ARREST DATE JUDGMENT PRINT DATE 000000
FINES & COSTS 5.00 TO BE PAID BY 111903 REST OTHER 50
JSA 45.00 JAIL TIME: TIME CREDIT ACTUAL
IMMB DATE # OF DAYS VIN VEH YR
VEH MAKE VEH PLATE # IF F & C NOT PAID TO BE SERV
PROBATION: TIME TOT POE W/R W/E BEG DTE
OTHER:

CIRC: TCN#
CTN # SID # CLEMIS # 000333303 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 03 NO 004620 MSP PDC C001 SEQ FUNCTION DS MODE



500 West Big Beaver
Troy, Michigan 48084
Fax: (248) 524-0851
www.ci.troy.mi.us

February 10, 2004

Area code (248)

Assessing
524-3311

Bldg. Inspections
524-3344

Bldg. Operations
524-3368

City Clerk
524-3316

City Manager
524-3330

Community Affairs
524-1147

Engineering
524-3383

Finance
524-3411

Fire-Administration
524-3419

Human Resources
524-3339

Information Technology
619-7279

Law
524-3320

Library
524-3545

Parks & Recreation
524-3484

Planning
524-3364

Police-Administration
524-3443

Public Works
524-3370

Purchasing
524-3338

Real Estate & Development
524-3498

Treasurer
524-3334

General Information
524-3300

LaShish, Inc.
3720 Rochester Road
Troy, Michigan 48083

Re: Liquor License: La Shish
3720 Rochester Road
Troy, Michigan 48083

A Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 18, 2004 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: Class C (100797-2002)
Violation Name: Sale to Minor
Violation Date(s): 10/28/2003

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes, CMC
Deputy City Clerk

7002 1000 0004 9357 0480

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
037 710 1158	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Postmark Here	
Se LaShish, Inc.	
3720 Rochester Road	
Troy, Michigan 48083	
PS Form 3800, April 2002	
See Reverse for Instructions	

LCC

Liquor Licensee History

Business name: **Picano's**

Address: 3775 Rochester (248) 689-8050

Licensee: Picano Restaurant, Inc.

License type: **Class C (7024-2002)**

Permits: Sunday Sales, Dance

Comments:

Date	Troy Incident #	Type	Disposition	Date
01/10/99	99-01384	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/07/99	99-08859	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/24/99	99-24021	Compliance Test	PASSED	
11/23/99	none	Compliance Test	PASSED	
07/26/00	none	Compliance Test	PASSED	
08/27/00	00-31759	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
11/01/00	00-40522	Compliance Test	PASSED	
11/17/00	00-42668	Compliance Test	PASSED	
01/13/01	01-01556	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/23/01	01-10004	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
05/03/01	01-15405	Sale to Minor (Compliance Test)	\$400	01/10/01
06/15/01	01-21115	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/17/01	01-29650	Compliance Test	PASSED	
09/01/01	01-31478	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/02/01	01-35423	Compliance Test	PASSED	
11/26/01	01-42361	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/27/02	Council	Public Hearings for 2001 Violation(s)-Resolution requiring TIPS/TAM training for all employees who sell alcohol with proof to the PD within 60 days		
03/01/02	02-06530	Compliance Test	PASSED	
04/30/02		Proof Received		

06/28/02	02-20767	Compliance Test	PASSED	
08/26/02	02-28184	Liquor Inspection (Road Patrol-Cicchini)	NO VIOLATIONS	
10/18/02	02-34360	Compliance Test	PASSED	
10/24/02	02-34943	Liquor Inspection (Road Patrol- Kocenda)	NO VIOLATIONS	
12/12/02	02-40229	Liquor Inspection (Road Patrol-Kocenda)	NO VIOLATIONS	
02/23/03	03-5647	Liquor Inspection (Road Patrol-Kocenda)	NO VIOLATIONS	
04/24/03	03-12245	Compliance Test	PASSED	
06/26/03	03-19505	Compliance Test	PASSED	
08/08/03	03-24567	Liquor Inspection (Road Patrol-Zagacki)	NO VIOLATIONS	
09/07/03	03-27946	Liquor Inspection (Road Patrol-Zagacki)	NO VIOLATIONS	
09/11/03	03-28391	Liquor Inspection (Road Patrol-Zagacki)	NO VIOLATIONS	
10/29/03	03-33447	Sale to Minor (compliance test)	\$600 fine	12/15/03
01/19/04	04-01880	Liquor Inspection (Road Patrol-Swift)	NO VIOLATIONS	

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48084-5285
ORI # MI6378400

INCIDENT REPORT

SUPP ☐

PAGE 1 OF 3

01	DATE 10.29.03	DAY WED	SHIFT 09	PLATOON 99	BADGE 1 006	BADGE 2 062	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 03	INCIDENT NUMBER 33447
02	RECEIVED 1850	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED 10.29.03	TIMES(S) OCCURRED 1850	ASSIGNED HOUR / DAY 18 WED			
03	LOCATION / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 3.775 ROCHESTER RD						LOCATION 2 (INTERSECTING STREET)			
04	CITY TROY	STATE MI	ZIP 48084	CODE	BUSINESS NAME PICANO'S	BUSINESS PHONE 248 689-8050				
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION RESTAURANT				ESTAB CODE 8640	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> FOP <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED <input type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input checked="" type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL 05	GEOGRAPHIC	
06	NATURE OF OFFENSE #1 LCC VIOLATION		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS <input checked="" type="checkbox"/> COMP <input type="checkbox"/>	BIAS WEAPON <input type="checkbox"/>	# PREM ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense) B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING		
07	NATURE OF OFFENSE #2		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS WEAPON <input type="checkbox"/>	# PREM ACTIVITY			
08	NATURE OF OFFENSE #3		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS WEAPON <input type="checkbox"/>	# PREM ACTIVITY			
09	NATURE OF OFFENSE #4		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS WEAPON <input type="checkbox"/>	# PREM ACTIVITY	OFFENSE COMMENTS		

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 10	CODE 8	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)		RAC WM	SEX M	DOB 06.22.83	AGE 20
I 11	ADDRESS 500	(DIRECTION, STREET, SUFFIX, QUALIFIER) W. BIG BEAVER			CITY TROY	STATE MI	ZIP 48083	
G 12	HOME PHONE	BUSINESS PHONE 248 524-3477	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.			
T 13	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS F <input type="checkbox"/> FATAL
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN		NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF # FELONIOUS ASSAULT CIRCUMSTANCES
M 15	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER		

16	CODE 43	OFF # 01	NAME (LAST, FIRST, MIDDLE, SUFFIX) Tocco, MARY ANN MARIE		RAC WF	SEX F	DOB 04.17.65	AGE 38
A 17	ADDRESS 30928	(DIRECTION, STREET, SUFFIX, QUALIFIER) SCRIVO DR.			CITY WARREN	STATE MI	ZIP 48092	
R 18	HOME PHONE	BUSINESS PHONE 248 689-8050	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
R 19	STATE MI	DRIVER'S LICENSE # T200585585298	SOC. SEC. #	SID #	FBI #			
E 20	PERSON COMMENTS / CLOTHING BARTENDER				SUMMONS / CITATION NUMBER(S) 650505			
S 21	ARREST / SUMMONS DESCRIPTION FLRM. ALCOHOL TO A MINOR		ARREST CHARGE 1	ARREST DATE 10.29.03	PLATOON 99	BADGE 1 006	BADGE 2 062	FM DIS DEPARTMENT ARREST NUMBER
T 22	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM DIS APIS NUMBER
23	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL

CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED

24	CODES E	DESCRIPTION PHOTOGRAPH	PROPERTY TYPE	QUANTITY	YEAR	MAKE Polaroid	MODEL
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG # 124439	LOCATION PROPERTY DEPOSITARY	LEIN / NCIC REF #	
27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK PHOTO OF BUD LIGHT BOTTLED BEER						SEIZED DRUGS TYPE AMOUNT MEAS
29	INVESTIGATING OFFICER(S) BRAGG / BROWNE				REVIEWED BY: DLA#201	ATTENTION TO:	

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285
ORI # M16378400

PERSON REPORT

SUPP ☐

PAGE 1 OF 3

01	DATE 10.29.03	DAY WED	SHIFT 09	PLATOON 99	BADGE 1 006	BADGE 2 062	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 03	INCIDENT NUMBER 33447						
CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE																
V 02	CODE 2	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) PICANO, DOMINIC					RAC WM	SEX M	DOB 11/15/84	AGE					
I 03	ADDRESS 3775		(DIRECTION, STREET, SUFFIX, QUALIFIER) ROCHESTER RD					CITY TROY		STATE MI	ZIP 48064					
G 04	HOME PHONE		BUSINESS PHONE 248-689-8050		STATE		DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D. BUSINESS OWNER							
T 05	VICTIM CONNECTED <input type="checkbox"/> 1 <input type="checkbox"/> 3 TO OFFENSE <input type="checkbox"/> 2 <input type="checkbox"/> 4		VICTIM TYPE I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS		F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS		S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER		VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS F <input type="checkbox"/> FATAL							
I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY					OUTSIDE FAMILY, BUT KNOWN					NOT KNOWN 98 STRANGER 99 UNKNOWN REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES			
M 07	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER	REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES						
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN	REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES						
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN	REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES							
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER	REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES							
V 08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE					
I 09	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY		STATE	ZIP					
G 10	HOME PHONE		BUSINESS PHONE		STATE		DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D.							
T 11	VICTIM CONNECTED <input type="checkbox"/> 1 <input type="checkbox"/> 3 TO OFFENSE <input type="checkbox"/> 2 <input type="checkbox"/> 4		VICTIM TYPE I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS		F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS		S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER		VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS F <input type="checkbox"/> FATAL							
I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY					OUTSIDE FAMILY, BUT KNOWN					NOT KNOWN 98 STRANGER 99 UNKNOWN REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES			
M 13	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER	REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES						
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN	REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES						
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN	REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES							
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER	REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES							
14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE					
A 15	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY		STATE	ZIP					
R 16	HOME PHONE		BUSINESS PHONE		HEIGHT		WEIGHT		EYES		HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE			
R 17	STATE		DRIVER'S LICENSE #		SOC. SEC. #		SID #		FBI #							
E 18	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)										
S 19	ARREST / SUMMONS DESCRIPTION					ARREST CHARGE 1		ARREST DATE		PLATOON		BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
T 20	ARREST / SUMMONS DESCRIPTION					ARREST CHARGE 2		ARREST DATE		PLATOON		BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
21	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)		MULTIPLE ARREST <input type="checkbox"/> COUNT 1 INDICATOR <input type="checkbox"/> N/A		CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N		UPON ARREST ARMED WITH (ENTER "A" IF AUTO)		01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN		13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM		20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES		ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL	
22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE					
A 23	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY		STATE	ZIP					
R 24	HOME PHONE		BUSINESS PHONE		HEIGHT		WEIGHT		EYES		HAIR COLOR / LENGTH / STYLE		BUILD	SKIN TONE		
R 25	STATE		DRIVER'S LICENSE #		SOC. SEC. #		SID #		FBI #							
E 26	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)										
S 27	ARREST / SUMMONS DESCRIPTION					ARREST CHARGE 1		ARREST DATE		PLATOON		BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
T 28	ARREST / SUMMONS DESCRIPTION					ARREST CHARGE 2		ARREST DATE		PLATOON		BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
29	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)		MULTIPLE ARREST <input type="checkbox"/> COUNT 1 INDICATOR <input type="checkbox"/> N/A		CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N		UPON ARREST ARMED WITH (ENTER "A" IF AUTO)		01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN		13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM		20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES		ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL	
30	INVESTIGATING OFFICER(S) BRAGG / BROWNE					REVIEWED BY:		ATTENTION TO:								

TROY POLICE DEPT.500 W. Big Beaver, Troy, MI 48064
ORI #MI6378400**NARRATIVE REPORT**_ SUPP _ CORR _ DELETE PAGE 3 OF 3

01	DATE 10/29/03	DAY Wed	SHIFT 09	PLAT 99	BADGE 1 06	BADGE 2 62	INCIDENT STATUS _ CLR ARREST _ UNF _ CLR EXCEPT _ INACT	PRIM CLASS	YEAR 03	33447
----	------------------	------------	-------------	------------	---------------	---------------	---	---------------	------------	-------

On the listed date and time, Directed Patrol Officers were making a liquor compliance check on Picanos Restaurant at 3775 Rochester Rd. Student enforcement aide _____ entered the restaurant and seated himself at the bar. _____; 20 years old at the time of the test.

Bartender Mary Ann Tocco approached _____ and took his order. _____ ordered a Bud Light bottle. Tocco failed to make inquiry of _____ as to his age. Tocco served _____ with his beer. Officers then secured the scene and the enforcement aide left the restaurant.

Tocco and the owner Dominac Picano were then advised of the violation. Picano stated that the bartenders and waitresses/waiters have all been T.I.P.S. and T.A.M.S. trained.

Tocco was issued citation #650505 for Sale of Alcohol to a Minor. A photograph of the beer served to _____ was tagged (#124439) and placed into property.

INVESTIGATING OFFICER(S) Bragg/Browne	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
--	-------------	-------------------	--------------

NARRATIVE REPORT
WITNESS STATEMENT

☐ SUPP

☐ CORR

☐ DELETE

PAGE 1 OF 1

01	DATE 10/29/03	DAY Wed	SHIFT 09	PLAT 99	BADGE 1 207	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> CLR EXCEPT	<input type="checkbox"/> UNF <input type="checkbox"/> INACT	PRIM CLASS	YEAR 03	INCIDENT # 33447	
02	Statement of:						Home Phone:					
03	(PLEASE PRINT) Address: 500 W. Big Beaver						Business Phone:					
04	City: Troy						State: MI Zip: 48064					
05												
06	I walked into Picanos on Oct, 29 at 6:47 pm.											
07	I approached the Bar and sat down. The											
08	Bartender asked me what I would like to drink											
09	I looked around to see what Beer they											
10	had on display, so I just told her, "let											
11	me get a Bud light. She gave me the											
12	beer and she asked Glass or Bottle?											
13	I responded Bottle. She set it down											
14	and I got up and walked away.											
15	She did not ask me for any identification.											
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28	Taken By: Sgt. L... (SIGNATURE)						X: _____ (SIGNATURE)					
29	Place: 3775 ROCHESTER (PARKING LOT)						Date: 10-29-03 Time: 7:00 PM					
INVESTIGATING OFFICER(S) SGT. LIVINGSTON #207					REVIEWED BY SGT. 207		ASSIGNED TO / BADGE		ATTENTION TO			

State of Michigan Uniform Law Citation		Ticket No. 650505		<input type="checkbox"/> Victim Involved
US DOT #		Incident No. 03-33477	Dept. No. 784	
The People of <input type="checkbox"/> the State of Michigan <input type="checkbox"/> Township <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> County		Local Use/Arrest No.		Detection Device
TROY		BAC		
OF		of		
THE UNDERSIGNED SAYS THAT ON:		Month 10 Day 29 Year 03	At approximately 1830	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. Date Month 10 Day 29 Year 1965
State MI	Driver's License Number 200 585 585 298	Social Security No.		
Race W	Sex F	Height 504	Weight 6W	Occupation/Employer
Name (First, Middle, Last) MARY ANN MARIE TOCCO				
Street 30428 SCRIVO DR.				
City WARREN	State MI	Zip Code 48092		
Vehicle Plate No.	Year	State	Vehicle Description (Year, Make, Color)	Type
THE PERSON NAMED ABOVE, in violation of <input type="checkbox"/> Local Ordinance <input checked="" type="checkbox"/> State Law <input type="checkbox"/> Administrative Rule				
UPON 3775 ROCHESTER RD.				
AT OR NEAR TROY				
WITHIN <input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWNSHIP OF TROY				
COUNTY OF OAKLAND DID THE FOLLOWING				
MiCL Cite/Pacc Code/		Charge		
<input checked="" type="checkbox"/> Type	Ordinance	Description (include any bond amount collected on each charge)	No.	
<input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend	436.1700	SALE OF ALCOHOL TO A MINOR (DECON)	1	
<input type="checkbox"/> Misc <input type="checkbox"/> Fug			2	
<input type="checkbox"/> Fel <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend			3	
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend				
<input type="checkbox"/> Misc <input type="checkbox"/> Fug				
<input type="checkbox"/> Fel <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend				
TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.				
Offense Code(s) 650505				
Key for Type C/I = Civil Infraction Misc = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive				
Waiv = Violation for Which Fines/Costs May be Waived Authorization pend = Authorization pending				
Remarks				
<div style="display: flex; justify-content: space-between;"> <div> CHECK IF APPROPRIATE <input type="checkbox"/> Vehicle Impounded <input type="checkbox"/> Traffic Crash <input type="checkbox"/> Person in Active Military Service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> <input type="checkbox"/> Damage to Property <input type="checkbox"/> Injury <input type="checkbox"/> Death <input type="checkbox"/> Local Court Bond \$ <input type="checkbox"/> License Posted in Lieu of Bond <input type="checkbox"/> Appearance Certificate </div> </div>				
SEE DATE BELOW SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS				
Appearance Date on or before NOV. 19, 2003 8:30 AM.				
Hearing Date (if applicable) on <input type="checkbox"/> Contact Court				
<input type="checkbox"/> Juvenile Traffic Misd. (Court will Notify) <input type="checkbox"/> Formal Hearing Required (Court will Notify)				
In the 52-4 DISTRICT Court of OAKLAND COUNTY				
Court Address & Phone Number 520 W. BIG BEAVER RD., TROY, MICHIGAN 48084 PHONE: (248) 528-0400				
<input checked="" type="checkbox"/> I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable) <input checked="" type="checkbox"/> I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief				
Complainant's Signature and receipt if applicable				
Officer's Name (printed) R. SPACK		Month 10 Day 29 Year 03	Officer's ID No. 0462	
Agency ORI MI-6378400		Agency Name TROY POLICE DEPARTMENT		
UC-01a (rev. 9/02)				

Ticket
650505

Name

Case No.

Court Copy-1



Michigan Department of Consumer & Industry Services
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)
7150 Harris Drive - P.O. Box 30005
Lansing, Michigan 48909-7505
Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT
(Authorized by P.A.58 of 1998)

* This report is not to be faxed or electronically submitted - an original signature is required*

*** Officers please obtain License No., Bus. ID and File # directly from the liquor license ***

License No. 7024 2003 SS Business ID 4581 File # _____

1. Name of Licensee PICANO RESTAURANT, INC. 2. Doing Business As PICANO'S

3. Mailing Address (street, city, zip code) 3775 Rochester Road; Troy 48084

4. Township _____ 5. County Oakland

6. Type of License(s) & Permit(s) Class C

7. Date of Violation: Wednesday 10/29/03 6:50 ☐ AM or ☒ PM
(DAY) (DATE) (HOUR)

8. Violation Type: ☒ Minor
☐ Intoxicated Person ☐ After hours sales/consumption
☐ Gambling ☐ Fighting (must be inside licensed premises)
☐ Controlled Substances ☐ Failure to Cooperate
☐ Prohibited Conduct OTHER: _____

if MINOR: Birth date 06/22/83 Was this a DECOY? ☒ Yes ☐ No If no, you MUST answer below:
If above minor violation was NOT a decoy describe enforcement action taken:

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 03-33447

* REMINDER, PLEASE MAIL THIS REPORT TO THE ADDRESS ABOVE.*

Officer Signature Patrick Browne Name and Title (print) Patrick Browne, Police Officer

Officer Signature Russell Bragg Name and Title (print) Russell Bragg, Police Officer

Department Name Troy Police Department Phone # 248-524-3477

WITNESSES

1. Name _____ Address 500 West Big Beaver Road; Troy 48084

Will testify to: Student enforcement aide

2. Name Mary Ann Marie Tocco Address 30928 Scrivo Drive; Warren 48092

Will testify to: Bartender who served alcohol to Habbo

3. Name Dominic Picano Address 2842 Ranieri; Troy 48085

Will testify to: Owner

4. Name Officer Patrick Browne Address 500 West Big Beaver Road; Troy 48084

Will testify to: LCC violation

5. Name Officer Russell Bragg Address 500 West Big Beaver Road; Troy 48084

Will testify to: LCC violation

EVIDENCE

Location Held (Explain): City of Troy Property Room
--Polaroid photograph of beer served to Habbo

JENNIFER M. GRANHOLM
GOVERNOR



STATE OF MICHIGAN
LIQUOR CONTROL COMMISSION
DEPARTMENT OF LABOR & ECONOMIC GROWTH
DAVID C. HOLLISTER, DIRECTOR

NIDA R. SAMONA
CHAIRPERSON

January 5, 2004

PICANO RESTAURANT, INC.
D/B/A PICANO'S
3775 ROCHESTER
TROY, MI 48084

RE: Complaint No. 3-77749

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order, certified check, or authorized credit card payable to the STATE OF MICHIGAN must be received in this office no later than February 9, 2004 as indicated on your Invoice No. 83216. Failure to submit the fine will result in confiscation of your license for the alternative penalty.

Should you wish to appeal the decision, a request for an appeal, accompanied by a fee of \$25, must be received in this office within 20 days from the mailing date of this Order. **IN FILING FOR AN APPEAL, YOU MUST STATE YOUR REASONS FOR REQUESTING THE APPEAL OR YOUR REQUEST WILL NOT BE HONORED.**

If there are any questions regarding this Order, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

A handwritten signature in cursive script, appearing to read "Susan K. Conklin".

Susan K. Conklin, Supervisor
Hearings and Appeals

SKC:wls

Enclosures

cc: Troy PD

STATE OF MICHIGAN

DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION

IN RE: PICANO RESTAURANT, INC.
D/B/A PICANO'S
3775 ROCHESTER
TROY, MI. 48084

COMPLAINT NO. 3-77749
BUSINESS I.D. NO. 4581

CLASS C

CHARGE - October 29, 2003

- (1) Sell, furnish or give away alcoholic liquor to a person, one who had not then attained the age of twenty-one (21) years, contrary to Const. 1963, Art. 4, §40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

FINDINGS OF FACT

The Commissioner finds as fact that based upon the signature of Dominic Picano, an officer of the above-named Licensed Corporation, on the Waiver and Acknowledgment form of the Michigan Liquor Control Commission (MLCC), the aforementioned Licensee in this case voluntarily waived right to contest the cited allegation in this matter and, further, waived right to a hearing and entered a plea of acknowledgment to the one charge stated in Case No. 3-77749 pursuant to Rule 436.1907 of the MLCC.

The Commissioner further accepts the Violation Report of this case and attachments therein and a True Copy of the prior record of this Licensee since being licensed by the MLCC at the above named location under the current ownership as evidence in lieu of testimony in this matter.

The Commissioner believes and finds as fact, on the bases of the Violation Report and attachments therein, that [REDACTED] while under the direction of the Troy Police Department, entered the above named licensed establishment during October 29, 2003 and was served alcoholic liquor by an employee of the above-named Licensee without showing proper proof of age.

The Commissioner further finds that the employee of the above-named Licensee in this case did not demand, nor was shown, proper proof of age and did not make a diligent inquiry to determine the proper true age of the purchaser.

The Commissioner further believes and finds as fact, on the bases of the Violation Report and attachments therein, that [REDACTED] was 20 years of age at the time of this incident.

CONCLUSIONS OF LAW

Based upon the aforementioned Acknowledgment and Findings of Fact, the Commissioner concludes that the Licensee in Case No. 3-77749 did violate MCL 436.1801(2), as cited.

ORDER

In determining penalty for the charge for which a violation was found, the Commissioner considered the Licensee's total record which shows one prior violation which is similar to the Charge in this Complaint, and which occurred on May 3, 2001, since being licensed by the MLCC on January 9, 1985 at the above-named location under the current ownership.

PICANO RESTAURANT, INC.
D/B/A PICANO'S

COMPLAINT NO. 3-77749
PAGE 3

The Commissioner, therefore, Orders a fine of \$600.00 as penalty in this matter. The Commissioner further Orders that a suspension of 30 days be imposed if the fine is not paid.

MICHIGAN LIQUOR CONTROL COMMISSION

Dated: December 15, 2003



Ena Weathers, Commissioner

Page: 1 Document Name: untitled

RA DISTRICT COURT SYSTEM INQUIRY

PAGE 001 OF 0

CASE# 03 004617 TYPE OI PS 01 VIO OI OFFENSE FURNISH ALCOHOL TO MINOR
 PEOPLE VS MARYANN, MARIE, TOCCO,

DATE	INIT	ACT	LOC	B/C	AM	DATE1	DATE2	TIME	PM	AMOUNT	JDG	SEN1	SEN2
110503	KF	TTD											
						TICKET TO DOCKET					0103650505	*	
110503	KF	ARR				111903		0830	AM		10		*
						APPEARANCE SCHEDULED FOR ARRAIGNMENT							
111903	HM	AC	B										*
						ARRAIGNMENT CONDUCTED						*	
						ARRAIGNED BY JUDGE MARTONE						*	
111903	HM	ARO	C	001						100.00			*
						ACCOUNTS RECEIVABLE OPENED							
111903	HM	ARS	B	C 001							10		*
						ADMITS RESPONSIBILITY					BENCH TRIAL		
111903	IT	ARP	C	001						100.00			*
						ACCOUNTS RECEIVABLE MONIES RECEIVED					C001/0001		

PS YR 03 NO 004617 MSP PDC SEQ FUNCTION RA MODE I
 *** FIRST PAGE ***

Date: 2/2/ 4 Time: 11:53:43 AM



500 West Big Beaver
Troy, Michigan 48084
Fax: (248) 524-0851
www.ci.troy.mi.us

February 10, 2004

Area code (248)

Assessing
524-3311

Bldg. Inspections
524-3344

Bldg. Operations
524-3368

City Clerk
524-3316

City Manager
524-3330

Community Affairs
524-1147

Engineering
524-3383

Finance
524-3411

Fire-Administration
524-3419

Human Resources
524-3339

Information Technology
619-7279

Law
524-3320

Library
524-3545

Parks & Recreation
524-3484

Planning
524-3364

Police-Administration
524-3443

Public Works
524-3370

Purchasing
524-3338

Real Estate & Development
524-3498

Treasurer
524-3334

General Information
524-3300

Picano Restaurant, Inc.
3775 Rochester Road
Troy, Michigan 48084

Re: Liquor License: Picano's
3775 Rochester Road
Troy, Michigan 48084

A Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 18, 2004 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: Class C (7024-2002)
Violation Name: Sale to Minor
Violation Date(s): 10/29/2003

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes, CMC
Deputy City Clerk

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

0377 1147 138

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			

Picano Restaurant, Inc.
3775 Rochester Road
Troy, Michigan 48084

2002 1000 0000 9352 0492

LCC

Liquor Licensee History

Business name: **Mon Jin Lau**

Address: 1515 E. Maple (248) 689-2332

Licensee: Mon Jin Lau, Inc. Marco Chin 689-2332

License type: **Class C (353-2002)**

Permits: Sunday Sales

Comments:

Date	Troy Incident #	Type	Disposition	Date
9/18/78		Council approved license transfer		
10/15/78	78-23487	Sale to minors	Dismissed	5/1/79
4/10/84		Non-employees on premises after hours Hinder and obstruct police officers during investigation	Fined \$75	7/18/84
6/17/92	92-17105	Sale to minor (compliance test)	Fined \$200	10/28/92
08/11/94	94-27026	Sale to minor (compliance test)	Fined \$500	11/22/94
11/07/94	94-37828	Gambling (Citizen Complaint)	insufficient evidence to pursue	11/21/94
4/11/98	98-13271	Customers after-hours	\$400 Fine by MLCC	08/10/98
01/16/99	99-02454	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/25/99	99-07623	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/16/99	99-27117	Compliance Test	PASSED	
04/26/00	00-14152	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/26/00	none	Compliance Test	PASSED	
10/19/00	00-38783	Sale to Minor (Compliance Test)	\$500	
11/16/00	00-42519	Compliance Test	PASSED	

11/20/00	00-43043	Liquor Inspection (Road Patrol)	NO VIOLATIONS
01/16/01	01-01852	Liquor Inspection (Road Patrol)	NO VIOLATIONS
02/26/01		Council Show Cause -resolution to require TIPS/TAM training for all servers with proof to PD within 6 months	
03/17/01	01-09244	Liquor Inspection (Road Patrol)	NO VIOLATIONS
05/03/01		Compliance Test	PASSED
06/12/01	01-20614	Liquor Inspection (Road Patrol)	NO VIOLATIONS
08/16/01	01-29493	Compliance Test	PASSED
08/28/01	01-30934	Liquor Inspection (Road Patrol)	NO VIOLATIONS
10/05/01	01-36176	Compliance Test	PASSED
11/03/01	01-39805	Liquor Inspection (Road Patrol)	NO VIOLATIONS
01/10/02	02-01066	Liquor Inspection (Road Patrol)	NO VIOLATIONS
02/22/02	02-05660	Liquor Inspection (Road Patrol)	NO VIOLATIONS
02/26/02	02-06149	Compliance Test	PASSED
04/24/02	02-12683	Liquor Inspection (Road Patrol)	NO VIOLATIONS
06/28/02	02-20764	Compliance Test	PASSED
07/10/02	02-22341	Liquor Inspection (Road Patrol)	NO VIOLATIONS
09/12/02	02-30219	Liquor Inspection (Road Patrol- Mairorano)	NO VIOLATIONS
10/18/02	02-34357	Compliance Test	PASSED
11/15/02	02-37238	Liquor Inspection (Road Patrol- Langbeen)	NO VIOLATIONS
01/04/03	03-422	Liquor Inspection (Road Patrol- Langbeen)	NO VIOLATIONS
03/04/03	03-6283	Liquor Inspection (Road Patrol- Langbeen)	NO VIOLATIONS
04/25/03	03-12394	Compliance Test	PASSED
06/26/03	03-19485	Compliance Test	PASSED
07/11/03	03-21305	Liquor Inspection (Road Patrol-Isham/Zagacki)	NO VIOLATIONS
08/28/03	03-26975	Liquor Inspection (Road Patrol-Isham)	NO VIOLATIONS
09/12/03	03-28505	Liquor Inspection (Road Patrol-Isham)	NO VIOLATIONS
10/29/03	03-33451	Sale to Minor (compliance test)	pending
01/19/04	04-01896	Liquor Inspection (Road Patrol-Zagacki/Schehr)	NO VIOLATIONS

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285
ORI # M16378400

INCIDENT REPORT

SUPP ☐

PAGE 1 OF 3

01	DATE 10.29.03	DAY WED	SHIFT 09	PLATOON 99	BADGE 1 006	BADGE 2 062	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 03	INCIDENT NUMBER 33451	
02	RECEIVED 1950	DISPATCHED	ARRIVED	COMPLETED 2015	DATE(S) OCCURRED 10.29.03	TIMES(S) OCCURRED 1950	ASSIGNED HOUR / DAY 19 WED				
03	LOCATION 1 / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 1515 E MAPLE RD.						LOCATION 2 (INTERSECTING STREET)				
04	CITY TROY	STATE MI	ZIP 48064	CODE	BUSINESS NAME MUN TIN LAU			BUSINESS PHONE 248 689-2332			
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION RESTAURANT				ESTAB CODE 8640	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> FOP <input type="checkbox"/> DISP <input checked="" type="checkbox"/> OTHER	HOW ACTIVATED <input type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> PATROL	GEOGRAPHIC 04			
06	NATURE OF OFFENSE #1 LCC VIOLATION				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS WEAPON	#PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense)
07	NATURE OF OFFENSE #2				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS WEAPON	#PREM	ACTIVITY	B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING
08	NATURE OF OFFENSE #3				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS WEAPON	#PREM	ACTIVITY	
09	NATURE OF OFFENSE #4				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS WEAPON	#PREM	ACTIVITY	OFFENSE COMMENTS

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 10	CODE 8	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE		
I 11	ADDRESS 500 W. BIG BEAVER		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY TROY		STATE MI	ZIP 48064		
G 12	HOME PHONE		BUSINESS PHONE 248 524-3477		STATE		DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D. STUDENT ENFORCEMENT AIDE			
T 13	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		VICTIM TYPE 1 <input type="checkbox"/> INDIVIDUAL 2 <input type="checkbox"/> BUSINESS		F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS		S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER		VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS F <input type="checkbox"/> FATAL			
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN				NOT KNOWN 98 STRANGER 99 UNKNOWN		REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 15	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	25 CHILD OF "BG" ABOVE		29 EMPLOYER	30 OTHERWISE KNOWN		31 VICTIM WAS OFFENDER
	02 CL SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	26 HOMOSEXUAL REL.	22 NEIGHBOR		27 EX-SPOUSE				
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	23 BABYSITEE (baby)								
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY									

16	CODE 45	OFF # 01	NAME (LAST, FIRST, MIDDLE, SUFFIX) SUPER, HEIDI ELIZABETH				RAC	SEX	DOB	AGE		
A 17	ADDRESS 4517 BARCROFT WAY		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY STERLING HEIGHTS		STATE MI	ZIP 48310		
R 18	HOME PHONE		BUSINESS PHONE		HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE		
R 19	STATE MI		DRIVER'S LICENSE # 5160302210242		SOC. SEC. #		SID #		FBI #			
E 20	PERSON COMMENTS / CLOTHING BARTENDER				SUMMONS / CITATION NUMBER(S) 660513							
S 21	ARREST / SUMMONS DESCRIPTION FURN. ALCOHOL TO A MINOR		ARREST CHARGE 1		ARREST DATE 10.29.03		PLATOON 99	BADGE 1 006	BADGE 2 062	FM DIS	DEPARTMENT ARREST NUMBER	
T 22	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2		ARREST DATE		PLATOON	BADGE 1	BADGE 2	FM DIS	AFIS NUMBER	
23	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)		MULTIPLE ARREST <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A		CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N		UPON ARREST 01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN		13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM		20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL

CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED													
24	CODES E	DESCRIPTION PHOTOGRAPH				PROPERTY TYPE	QUANTITY	YEAR	MAKE POLAROID	MODEL			
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.						
26	STOLEN	DAMAGED		RECOVERED		PROPERTY TAG # 124440	LOCATION PROPERTY DEPOSITORY		LEIN / NCIC REF #				
27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE		NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED				
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK PHOTO OF A BOTTLE OF BVD LIGHT BEER									SEIZED DRUGS	TYPE	AMOUNT	MEAS
29	INVESTIGATING OFFICER(S) BRACE / BROWNE						REVIEWED BY: DA#207		ATTENTION TO:				

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285
ORI # M16378400

PERSON REPORT

SUPP ☐

PAGE 2 OF 3

01	DATE 10.29.03	DAY WED	SHIFT 09	PLATOON 99	BADGE 1 906	BADGE 2 062	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 03	INCIDENT NUMBER 33451																
CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITH (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE																										
V 02	CODE 4	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) TORRES TONY					RAC NM	SEX M	DOB	AGE															
I 03	ADDRESS 1515		(DIRECTION, STREET, SUFFIX, QUALIFIER) E. MAPLE RD					CITY TROY		STATE MI	ZIP 48064															
C 04	HOME PHONE		BUSINESS PHONE 248 687-2352		STATE		DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D. ASST. MGR.																	
T 05	VICTIM CONNECTED <input type="checkbox"/> 1 <input type="checkbox"/> 3 TO OFFENSE <input type="checkbox"/> 2 <input type="checkbox"/> 4		VICTIM TYPE I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS		F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS		S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER		VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE		M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY		I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION		T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS		F <input type="checkbox"/> FATAL									
I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY										OUTSIDE FAMILY, BUT KNOWN		NOT KNOWN 98 STRANGER 99 UNKNOWN		REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES									
M 07	01 SPOUSE		05 CHILD		09 STEPPARENT		20 ACQUAINTANCE		24 BOY / GIRL FRIEND		28 EMPLOYEE		REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES											
	02 C-L SPOUSE		06 GRANDPARENT		10 STEPCCHILD		21 FRIEND		25 CHILD OF "BG" ABOVE		29 EMPLOYER		REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES											
	03 PARENT		07 GRANDCHILD		11 STEPSIBLING		22 NEIGHBOR		26 HOMOSEXUAL REL.		30 OTHERWISE KNOWN		REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES											
	04 SIBLING		08 IN-LAW		12 OTHER FAMILY		23 BABYSITEE (baby)		27 EX-SPOUSE		31 VICTIM WAS OFFENDER		REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES											
V 08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE															
I 09	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY		STATE	ZIP															
C 10	HOME PHONE		BUSINESS PHONE		STATE		DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D.																	
T 11	VICTIM CONNECTED <input type="checkbox"/> 1 <input type="checkbox"/> 3 TO OFFENSE <input type="checkbox"/> 2 <input type="checkbox"/> 4		VICTIM TYPE I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS		F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS		S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER		VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE		M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY		I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION		T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS		F <input type="checkbox"/> FATAL									
I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY										OUTSIDE FAMILY, BUT KNOWN		NOT KNOWN 98 STRANGER 99 UNKNOWN		REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES									
M 13	01 SPOUSE		05 CHILD		09 STEPPARENT		20 ACQUAINTANCE		24 BOY / GIRL FRIEND		28 EMPLOYEE		REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES											
	02 C-L SPOUSE		06 GRANDPARENT		10 STEPCCHILD		21 FRIEND		25 CHILD OF "BG" ABOVE		29 EMPLOYER		REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES											
	03 PARENT		07 GRANDCHILD		11 STEPSIBLING		22 NEIGHBOR		26 HOMOSEXUAL REL.		30 OTHERWISE KNOWN		REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES											
	04 SIBLING		08 IN-LAW		12 OTHER FAMILY		23 BABYSITEE (baby)		27 EX-SPOUSE		31 VICTIM WAS OFFENDER		REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES											
14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE															
A 15	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY		STATE	ZIP															
R 16	HOME PHONE		BUSINESS PHONE		HEIGHT		WEIGHT		EYES		HAIR COLOR / LENGTH / STYLE		BUILD		SKIN TONE											
R 17	STATE		DRIVER'S LICENSE #		SOC. SEC. #		SID #		FBI #																	
E 18	PERSON COMMENTS / CLOTHING										SUMMONS / CITATION NUMBER(S)															
S 19	ARREST / SUMMONS DESCRIPTION										ARREST CHARGE 1		ARREST DATE		PLATOON		BADGE 1		BADGE 2		FM		DIS		DEPARTMENT ARREST NUMBER	
T 20	ARREST / SUMMONS DESCRIPTION										ARREST CHARGE 2		ARREST DATE		PLATOON		BADGE 1		BADGE 2		FM		DIS		AFIS NUMBER	
21	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)		MULTIPLE ARREST INDICATOR		MULTIPLE COUNT 1 N/A		CLEAR INDICATOR		Y N		UPON ARREST ARMED WITH (ENTER "A" IF AUTO)		01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN		13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM		20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES		ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT		DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL					
22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE															
A 23	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY		STATE	ZIP															
R 24	HOME PHONE		BUSINESS PHONE		HEIGHT		WEIGHT		EYES		HAIR COLOR / LENGTH / STYLE		BUILD		SKIN TONE											
R 25	STATE		DRIVER'S LICENSE #		SOC. SEC. #		SID #		FBI #																	
E 26	PERSON COMMENTS / CLOTHING										SUMMONS / CITATION NUMBER(S)															
S 27	ARREST / SUMMONS DESCRIPTION										ARREST CHARGE 1		ARREST DATE		PLATOON		BADGE 1		BADGE 2		FM		DIS		DEPARTMENT ARREST NUMBER	
T 28	ARREST / SUMMONS DESCRIPTION										ARREST CHARGE 2		ARREST DATE		PLATOON		BADGE 1		BADGE 2		FM		DIS		AFIS NUMBER	
29	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)		MULTIPLE ARREST INDICATOR		MULTIPLE COUNT 1 N/A		CLEAR INDICATOR		Y N		UPON ARREST ARMED WITH (ENTER "A" IF AUTO)		01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN		13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM		20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES		ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT		DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL					
30	INVESTIGATING OFFICER(S): BRAGG / BROWN										REVIEWED BY:		ATTENTION TO:													

NARRATIVE REPORT

_ SUPP

_ CORR

_ DELETE

PAGE 3 OF 3

01	DATE 10/29/03	DAY Wed	SHIFT 09	PLAT 99	BADGE 1 06	BADGE 2 62	INCIDENT STATUS _ CLR ARREST _ UNF _ CLR EXCEPT _ INACT	PRIM CLASS	YEAR 03	33451
----	------------------	------------	-------------	------------	---------------	---------------	---	---------------	------------	-------

On the listed date and time, Directed Patrol Officers were making a liquor compliance check on Mon Jin Lau Restaurant at 1515 E. Maple. Student enforcement aide _____ entered the restaurant and seated himself at the bar. Habbo was 20 years old at the time of the test.

Bartender Heidi Super approached _____ and took his order. _____ ordered a Bud Light bottle. Super failed to make inquiry of _____ as to his age. Super served _____ with his beer. Officers then secured the scene and the enforcement aide left the restaurant.

Super and Assistant Manager Toney Torrez were then advised of the violation.

Super was issued citation #650513 for Sale of Alcohol to a Minor. A photograph of the beer served to _____ was tagged (#124440) and placed into property.

INVESTIGATING OFFICER(S) Bragg/Browne	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
--	-------------	-------------------	--------------

NARRATIVE REPORT
WITNESS STATEMENT

☒ SUPP

☐ CORR

☐ DELETE

PAGE 1 OF 1

01	DATE 10/29/03	DAY Wed	SHIFT 0900	PLAT 99	BADGE 1 207	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 03	INCIDENT # 33451
----	------------------	------------	---------------	------------	----------------	---------	---	------------	------------	---------------------

02	Statement of:	Home Phone:
03	(PLEASE PRINT) Address: 500 W. Big Beaver	Business Phone:
04	City: Troy	State: Zip:

05

06 I walked into the Mon jin Lau on Oct, 29

07 at 7:43pm. I sat down at the bar and

08 waited to be served. I saw a man from

09 behind the bar come in front of me

10 to check the score on the hockey game.

11 I asked the gentleman if he could get

12 me a Bud light, he then told the Bartender

13 to get it for me. Description: Blond short hair,

14 Black shirt & pants, Pregnant). She then asked

15 me what I would like, I told her bud light.

16 She gave it to me. She did not ask me

17 for my identification. And didnt ask

18 how old I was.

19

20

21

22

23

24

25

26

27

28 Taken By: Sgt. Livingston (SIGNATURE)

29

INVESTIGATING OFFICER(S) SGT. LIVINGSTON	REVIEWED BY DET. 207	ASSIGNED TO / BADGE	ATTENTION TO	Date: 10-29-03	Time: 8:00 PM
---	-------------------------	---------------------	--------------	----------------	---------------

State of Michigan
Uniform Law Citation

US DOT #

Ticket No. 650513

☐ Victim Involved

Incident No. 83-33451

Dept. 784

The People of: ☐ the State of Michigan
☐ Township ☒ City ☐ Village ☐ County

Local Use/Arrest No

Detection Device

OF: TROY

BAC

THE UNDERSIGNED Month Day Year At approximately A.M. Date Month Day Year
SAYS THAT ON 10 29 03 1950 X.M. 03 26 73

State Driver's License Number Social Security No.

Race Sex Height Weight Hair Eyes Occupation/Employer
W F 5'00 210 242

Name (First, Middle, Last)

HEIDI ELIZABETH SPER

Street

4517 BARCROFT WAY

City

STORING WEAPONS

State

Zip Code

Vehicle Plate No

Year

State

Vehicle Description (Year, Make, Color)

Type

THE PERSON NAMED ABOVE in violation of ☐ Local Ordinance ☐ State Law ☐ Administrative Rule

UPON

AT OR NEAR 1515 E. MAPLE

WITHIN ☒ CITY ☐ VILLAGE ☐ TOWNSHIP OF TROY

COUNTY OF OAKLAND

MCL Cite/Parc Code

DID THE FOLLOWING

Type	Charge	Description (include any bond amount collected on each charge)	No.
<input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.		SALE OF ALCOHOL	
<input type="checkbox"/> Misd <input type="checkbox"/> Fug		TO A MINOR DECOY	
<input type="checkbox"/> Fel <input type="checkbox"/> Warn			
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.			2
<input type="checkbox"/> Misd <input type="checkbox"/> Fug			
<input type="checkbox"/> Fel <input type="checkbox"/> Warn			
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.			3
<input type="checkbox"/> Misd <input type="checkbox"/> Fug			
<input type="checkbox"/> Fel <input type="checkbox"/> Warn			

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

Offense Codes: 1 C/I

Key for Type: C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive

Waiv = Violation for Which Fines/Costs May be Waived Authorization pend = Authorization pending

Remarks

CHECK IF APPROPRIATE ☐ Damage to Property ☐ Local Court Bond \$
☐ Vehicle Impounded ☐ Injury ☐ License Posted in Lieu of Bond
☐ Traffic Crash ☐ Death ☐ Appearance Certificate

Person in Active Military Service ☐ Yes ☒ No

SEE DATE BELOW: SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS

Appearance Date on or before Nov. 19, 2003 9:30 AM

Hearing Date (if applicable) on ☐ Contact Court

☐ Juvenile Traffic Misd. (Court will Notify) ☐ Formal Hearing Required. (Court will Notify)

In the 52-4 DISTRICT

Court of OAKLAND COUNTY

Court Address & Phone Number

520 W. BIG BEAVER RD., TROY, MICHIGAN 48084
PHONE: (248) 528-0400

I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt (if applicable)

Officer's Name (print) Month Day Year
E. STACE 10 29 03

Officer's ID No. 06/62

Agency ORI

Agency Name

MI- 6378400

TROY POLICE DEPARTMENT

UC-01a

(rev. 9/02)

Court Copy-1

Ticket
650513

Name

Case No.



Michigan Department of Consumer & Industry Services
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)
7150 Harris Drive - P.O. Box 30005
Lansing, Michigan 48909-7505
Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT
(Authorized by P.A.58 of 1998)

* This report is not to be faxed or electronically submitted - an original signature is required*

* Officers please obtain **License No.**, **Bus. ID** and **File #** directly from the liquor license *

License No. 353 2003 SS Business ID 224 File # _____

1. Name of Licensee MON JIN LAU, INC. 2. Doing Business As MON JIN LAU

3. Mailing Address (street, city, zip code) 1515 East Maple Road; Troy 48084

4. Township _____ 5. County Oakland

6. Type of License(s) & Permit(s) Class C

7. Date of Violation: Wednesday 10/29/03 7:50 ☐ AM or ☒ PM
(DAY) (DATE) (HOUR)

8. Violation Type: ☒ Minor ☐ Intoxicated Person ☐ After hours sales/consumption
☐ Gambling ☐ Fighting (must be inside licensed premises)
☐ Controlled Substances ☐ Failure to Cooperate
☐ Prohibited Conduct OTHER: _____

if MINOR: Birth date 06/22/83 Was this a DECOY ? ☒ Yes ☐ No If no, you MUST answer below:
If above minor violation was NOT a decoy describe enforcement action taken:

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 03-33451

* REMINDER, PLEASE MAIL THIS REPORT TO THE ADDRESS ABOVE.*

Officer Signature Patrick Browne Name and Title (print) Patrick Browne, Police Officer

Officer Signature Russell Bragg Name and Title (print) Russell Bragg, Police Officer

Department Name Troy Police Department Phone # 248-524-3477

WITNESSES

1. Name _____ Address 500 West Big Beaver Road; Troy 48084

Will testify to: Student enforcement aide

2. Name Heidi Super Address 4517 Barcroft Way, Sterling Hts 48310

Will testify to: Bartender who served alcohol to

3. Name Tony Torrez Address 1515 East Maple Road; Troy 48084

Will testify to: Assistant manager

4. Name Officer Patrick Browne Address 500 West Big Beaver Road; Troy 48084

Will testify to: LCC violation

5. Name Officer Russell Bragg Address 500 West Big Beaver Road; Troy 48084

Will testify to: LCC violation

EVIDENCE

Location Held (Explain): City of Troy Property Room
--Polaroid photograph of beer served to Habbo

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/31
XFER TKT# 01 03 650513
CASE 03 004619 PS 01 TYPE OI DEF NAME HEIDI,ELIZABETH,SUPER,
SOC SEC 000000000 SEX F RACE DOB 032673 LIC # MI S160302210242
ATTY BAR # NAME

OFFENSE 4252 000 FURNISH ALCOHOL TO MINOR DATE 102903 CONV CODE
CHARGE CODE JUDGE 20
DISP ARS B ADMITS RESPONSIBILITY AT BENCH TRIAL COND DATE 012004
SENTENCE DATE 012004 ARREST DATE JUDGMENT PRINT DATE 000000
FINES & COSTS 5.00 TO BE PAID BY 012004 REST OTHER
JSA 45.00 JAIL TIME: TIME CREDIT ACTUAL
IMMB DATE # OF DAYS VIN VEH YR
VEH MAKE VEH PLATE # IF F & C NOT PAID TO BE SERV
PROBATION: TIME TOT POE W/R W/E BEG DTE
OTHER:

CIRC: TCN#
CTN # SID # CLEMIS # 000333451 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 03 NO 004619 MSP PDC C001 SEQ FUNCTION DS MODE



500 West Big Beaver
Troy, Michigan 48084
Fax: (248) 524-0851
www.ci.troy.mi.us

February 10, 2004

Area code (248)

Assessing
524-3311

Bldg. Inspections
524-3344

Bldg. Operations
524-3368

City Clerk
524-3316

City Manager
524-3330

Community Affairs
524-1147

Engineering
524-3383

Finance
524-3411

Fire-Administration
524-3419

Human Resources
524-3339

Information Technology
619-7279

Law
524-3320

Library
524-3545

Parks & Recreation
524-3484

Planning
524-3364

Police-Administration
524-3443

Public Works
524-3370

Purchasing
524-3338

Real Estate & Development
524-3498

Treasurer
524-3334

General Information
524-3300

Mon Jin Lau, Inc.
1515 E. Maple
Troy, Michigan 48084

Re: Liquor License: Mon Jin Lau
1515 E. Maple
Troy, Michigan 48084

A Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 18, 2004 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: Class C (353-2002)
Violation Name: Sale to Minor
Violation Date(s): 10/29/2003

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes, CMC
Deputy City Clerk

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only. No Insurance Coverage Provided)	
0500 2566 4000 0001 0002	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Postmark Here	
Mon Jin Lau, Inc. 1515 E. Maple Troy, Michigan 48084	
PS Form 3800, April 2002 See Reverse for Instructions	

LCC

Liquor Licensee History

Business name: **Hooter's of Troy**

Address: 1686 John R. (248) 680-0509

Licensee: Hooters of Troy

License type: **Class C (1737-2002)**

Permits: Sunday Sales, Ent

Comments:

Date	Troy Incident #	Type	Disposition	Date
12-3-96		Hooters's receives license.		
7-2-98	N/A	Robert Roffolo called, had "1 beer" at Pine Knob, went to Hooters and was refused service. Wanted to know if it was a city ordinance requirement, and complain he was refused.		
01/08/99	99-01051	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/12/99	99-09500	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
05/02/99	99-16151	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/23/99	99-23835	Compliance Test	PASSED	
09/07/99	99-34478	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
11/16/99	none	Compliance Test	PASSED	
11/17/99	99-44079	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/24/00	00-22401	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/26/00	none	Compliance Test	PASSED	
08/17/00	00-30426	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/17/00	00-38534	Compliance Test	PASSED	
10/26/00	00-39578	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
11/16/00	00-42516	Compliance Test	PASSED	
02/09/01	01-04818	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
04/19/01	01-13435	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
04/20/01	01-13549	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

05/03/01		Compliance Test	PASSED	
06/14/01	01-20964	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/15/01	01-29301	Compliance Test	PASSED	
09/27/01	01-34730	Compliance Test	PASSED	
10/07/01	01-35975	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
11/22/01	01-42208	Serve Intoxicated Person (Traffic Accident)	\$800 fine	06/27/02
12/12/01	01-44422	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/22/02	02-05704	Compliance Test	PASSED	
03/04/02	02-06858	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
04/16/02	02-11681	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/24/02	02-20145	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/26/02	02-20469	Compliance Test	PASSED	
08/23/02	02-27829	Liquor Inspection (Road Patrol- Cascioli)	NO VIOLATIONS	
10/08/02	02-33193	Compliance Test	PASSED	
12/09/02	02-39885	Liquor Inspection (Road Patrol-Brazel)	NO VIOLATIONS	
02/23/03	03-5663	Liquor Inspection (Road Patrol-Brazel)	NO VIOLATIONS	
03/10/03	03-7193	Liquor Inspection (Road Patrol-Brazel)	NO VIOLATIONS	
4/23/03	03-12071	Sale to Minor (Compliance Test)	\$500 fine	08/26/03
06/20/03	03-18694	Compliance Test	PASSED	
06/25/03	03-19364	Liquor Inspection (Road Patrol-Giorgi)	NO VIOLATIONS	
08/24/03	03-26507	Liquor Inspection (Road Patrol-Giorgi)	NO VIOLATIONS	
08/28/03	03-26984	Liquor Inspection (Road Patrol-Giorgi)	NO VIOLATIONS	
10/27/03	03-33183	Compliance Test	PASSED	

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285
ORI # MI6378400

INCIDENT REPORT

SUPP ☐

PAGE 1 OF 3

01	DATE 04.23.03	DAY Wed	SHIFT 09	PLATOON 99	BADGE 1 025	BADGE 2 006	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 03	INCIDENT NUMBER 12071	
02	RECEIVED 19.25	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED 19.45	DATE(S) OCCURRED 04.23.03	TIMES(S) OCCURRED 19.24	ASSIGNED HOUR / DAY 19 Wed			
03	LOCATION / ADDRESS 1686 John R					LOCATION 2 (INTERSECTING STREET)					
04	CITY Troy	STATE MI	ZIP 48064	CODE	BUSINESS NAME Hosters			BUSINESS PHONE 680-0509			
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION restaurant				ESTAB CODE 8660	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> #11 <input type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED <input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL 04	GEOGRAPHIC		
06	NATURE OF OFFENSE #1 LCC Violation			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense)
07	NATURE OF OFFENSE #2			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY	B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING
08	NATURE OF OFFENSE #3			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY	
09	NATURE OF OFFENSE #4			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY	OFFENSE COMMENTS

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE

V 10	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) DPU	RAC	SEX	DOB	AGE		
I 11	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)		CITY	STATE	ZIP			
G 12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.				
T 13	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 15	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	98 STRANGER 99 UNKNOWN	REL / OFF #	

16	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) 46 R. S. O.	RAC	SEX	DOB WF 111084	AGE
A 17	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER) 2001 St.		CITY Madison Hgts	STATE MI	ZIP 48071	
R 18	HOME PHONE (248) 547-8048	BUSINESS PHONE (248) 680-0509	HEIGHT 5'06"	WEIGHT 135	EYES brn	HAIR COLOR / LENGTH / STYLE brn	BUILD SKIN TONE
R 19	STATE MI	DRIVER'S LICENSE #	SEC. SEC. #	SID #	FBI #		
E 20	PERSON COMMENTS / CLOTHING			SUMMONS / CITATION NUMBER(S) #650506			

S 21	ARREST / SUMMONS DESCRIPTION Furnish Alcohol to Minor	ARREST CHARGE 1	ARREST DATE 04.23.03	PLATOON 09	BADGE 1 006	BADGE 2 025	FM	DIS	DEPARTMENT ARREST NUMBER
T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
23	ARREST TYPE <input checked="" type="checkbox"/> ON VIEW (No Warrant) <input checked="" type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input checked="" type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input checked="" type="checkbox"/> FOP <input type="checkbox"/> PER <input type="checkbox"/> MDT <input type="checkbox"/> TEL	

CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED										
24	CODES	DESCRIPTION E photographs	PROPERTY TYPE	QUANTITY 02	YEAR	MAKE	MODEL			
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.			
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG # 121920	LOCATION PROPERTY Rep	LEIN / NCIC REF #				
27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED		
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK 2 photos of beer served						SEIZED DRUGS	TYPE	AMOUNT	MEAS
29	INVESTIGATING OFFICER(S) Bragg / Nowak				REVIEWED BY WLA #224	ATTENTION TO DB				

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285

ORI # MI6378400

PERSON REPORT

SUPP ☐

PAGE 2 OF 3

DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRADITION DECLINED	YEAR	INCIDENT NUMBER
01	042303	Wed	09	99	006	0.25	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	03	12071
							E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY		

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 02	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
	4		John R	W	M		

I 03	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
	168.6		Troy	MI	48083

G 04	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.
		680-0509			Manager

T 05	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 3	VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> 8 BUSINESS	<input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS	<input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	<input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE	<input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY	<input type="checkbox"/> POSS. INT. INJURIES <input type="checkbox"/> SEVERE LACERATION	<input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS	<input type="checkbox"/> FATAL
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I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 07	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER	/	
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN	/	
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN	REL / OFF #	/	
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER	/	/	

V 08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
	48			W	M		18

I 09	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
	500	W. Big Beaver	Troy	MI	48084

G 10	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.
		524-3477			Deputy

T 11	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 3	VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> 8 BUSINESS	<input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS	<input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	<input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE	<input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY	<input type="checkbox"/> POSS. INT. INJURIES <input type="checkbox"/> SEVERE LACERATION	<input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS	<input type="checkbox"/> FATAL
------	-----------------------------	---	-------------	---	---	--	---------------	--	---	---	---	--------------------------------

I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 13	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER	/	
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN	/	
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN	REL / OFF #	/	
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER	/	/	

14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
	48			W	F		18

A 15	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
	500	W. Big Beaver	Troy	MI	48084

R 16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
		248 524-3477						

R 17	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #

E 18	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
	Deputy	

S 19	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER

T 20	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER

21	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST	01 <input type="checkbox"/> UNARMED	13 <input type="checkbox"/> RIFLE	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	ARREST ORIGIN	<input type="checkbox"/> DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
					(ENTER "A" IF AUTO)	11 <input type="checkbox"/> FIREARM	14 <input type="checkbox"/> SHOTGUN	30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	<input type="checkbox"/> FOP <input type="checkbox"/> MDT	

22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE

A 23	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP

R 24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE

R 25	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #

E 26	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)

S 27	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER

T 28	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER

29	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST	01 <input type="checkbox"/> UNARMED	13 <input type="checkbox"/> RIFLE	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	ARREST ORIGIN	<input type="checkbox"/> DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
					(ENTER "A" IF AUTO)	11 <input type="checkbox"/> FIREARM	14 <input type="checkbox"/> SHOTGUN	30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	<input type="checkbox"/> FOP <input type="checkbox"/> MDT	

30	INVESTIGATING OFFICER(S)	REVIEWED BY:	ATTENTION TO:
	Arana / Alarid		

TROY POLICE DEPT.500 W. Big Beaver, Troy, MI 48064
ORI #MI6378400**NARRATIVE REPORT**☒ SUPP☐ CORR☐ DELETE

PAGE 2 of 3

01	DATE 4/23/03	Day Wed	SHIFT 09	99	BADGE 1 006	BADGE 2 025	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 03	INCIDENT # 12071

Members of the Directed Patrol Unit conducted a liquor control compliance check at the Hooters restaurant at 1686 John R Rd. on the listed date and time. Student enforcement aides [redacted] and [redacted] entered the restaurant and seated themselves at a booth. Both were 18 years old at the time of the test.

Waitress King approached the decoys and took their order [redacted] ordered a water, and [redacted] ordered a Budweiser on tap. King asked [redacted] for identification and [redacted] said that he had left it in the car and that he would go and get it. King told [redacted] "Not to worry about it." (See written statements of [redacted] and [redacted].)

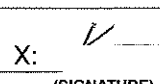

A short time later, King returned to the table with [redacted]'s water and [redacted]'s beer. Officers then secured the scene and the decoys left the restaurant. Officers spoke with King and restaurant manager Ashlock and advised them of the violation. King stated that she thought something was suspicious about [redacted] at the time, but failed to follow up on her instincts. King advised that she had been trained regarding identifying underage customers.

King was issued Citation No. 650506 for Furnishing Alcohol To A Minor. A photograph of the Budweiser beer was tagged and entered into property (Tag No. 121919)

BRAGG	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO

NARRATIVE REPORT
WITNESS STATEMENT

☒ SUPP ☐ CORR ☐ DELETE PAGE 1 OF 1

01	DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #
02	04/23/03	WED	0A	99	006	0025	<input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT		03	12071
03	Statement of: (PLEASE PRINT)						Home Phone:			
04	Address: 500 W Big Beaver						Business Phone:			
05	City: Troy MI 48084						State: MI Zip: 48084			
06	We entered Hooters of Troy at 1686 John R at									
07	7:10 pm. We sat ourselves at a table for two									
08	near the kitchen/bar. Our waitress was of									
09	average size with long brown hair. She asked									
10	for our beverage order. I orderd a glass of									
11	water and Kristopher asked for a Bud on									
12	tap. She asked for I.D., but Kris told her									
13	he had left it in our car. She walked									
14	away telling us, "Not to worry about it." She									
15	returned approx. three minutes later with									
16	one water and a glass of Bud beer. We									
17	waited another min of so and an officer									
18	walked over to handle the rest. We left									
19	the Hooters and returned to our car.									
20										
21										
22										
23										
24										
25										
26										
27	X: 									
28	Taken By: Novak						(SIGNATURE) 			
29	Place: Station						Date: 2200 @ 4/23/03 Time:			
INVESTIGATING OFFICER(S)					REVIEWED BY		ASSIGNED TO / BADGE		ATTENTION TO	

NARRATIVE REPORT
WITNESS STATEMENT

☒ SUPP ☐ CORR ☐ DELETE PAGE 1 OF 1

01	DATE 04/23/03	DAY WED	SHIFT 09	PLAT 99	BADGE 1 025	BADGE 2 006	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 03	INCIDENT # 12071
----	------------------	------------	-------------	------------	----------------	----------------	---	------------	------------	---------------------

02 Statement of: _____ Home Phone: _____
(PLEASE PRINT)

03 Address: 500 W BIG BEAVER Business Phone: _____

04 City: Troy State: MI Zip: 48084

05

06 At 7:10 PM we had arrived at Hunter's 1686

07 John R. We had given the police officers a few minutes
08 to enter the location before we had entered.

09 We sat down at a table on the east wall
10 of the restaurant. A waitress came up to us
11 and asked us if we would like anything to drink.

12 My partner KATIE asked for a glass of water,
13 while I asked for the larger size of
14 Budweiser on tap. She asked me for I.D.

15 and I was looking through my pockets when I
16 told her I must have left my wallet
17 in the car. She told me don't worry about

18 it and proceeded to serve me the Beer. She
19 had brought it to me and said she would give us
20 a few more minutes to look at the menu. At that

21 point the officer's had noticed the Beer by me
22 and came to the table. We shortly after left the
23 Hunter's.

24

25

26

27

28 Taken By: Navah
(SIGNATURE)

29 Place: Station Date: 4/23/03 Time: 2200

INVESTIGATING OFFICER(S) REVIEWED BY ASSIGNED TO / BADGE ATTENTION TO

Navah

State of Michigan
Uniform Law Citation

Ticket No. **650506** ☐ Victim Involved

US DOT # Incident No. **03-12071** Dept. No. **784**

The People of ☐ the State of Michigan
☐ Township ☒ City ☐ Village ☐ County

Local Use/Arrest No. Detection Device

OF: **TROY** BAC **1** of **1**

THE UNDERSIGNED Month **4** Day **23** Year **03** At approximately **7:25** ☐ A.M. ☒ P.M. Date of Birth Month **11** Day **10** Year **84**

SAYS THAT ON: State **MI** District **1**

Race **W** Sex **F** Height **56** Weight **135** Hair **BROWN** Eyes **BROWN** Occupation/Employer **WAITRESS / HOOTERS**

Name (First Middle Last)

City **MADISON HEIGHTS** State **MI** Zip Code **48071**

Vehicle Plate No. Year State Vehicle Description (Year, Make, Color) Type

THE PERSON NAMED ABOVE, in violation of ☒ Local Ordinance ☐ State Law ☐ Administrative Rule

UPON **HOOTERS RESTAURANT**

AT OR NEAR **HOOTERS RESTAURANT**

WITHIN ☒ CITY ☐ VILLAGE ☐ TOWNSHIP OF **TROY**

COUNTY OF **OAKLAND** DID THE FOLLOWING Charge

Type	MCL Cite/Pace Code/Ordinance	Description (include any bond amount collected on each charge)	No.
<input checked="" type="checkbox"/> Misd <input type="checkbox"/> Fel	<input type="checkbox"/> Warn <input type="checkbox"/> Fug <input type="checkbox"/> Waiv B.10.06	FURNISH ALCOHOL TO A MINOR	1
<input type="checkbox"/> Misd <input type="checkbox"/> Fel	<input type="checkbox"/> Warn <input type="checkbox"/> Fug <input type="checkbox"/> Waiv		2
<input type="checkbox"/> Misd <input type="checkbox"/> Fel	<input type="checkbox"/> Warn <input type="checkbox"/> Fug <input type="checkbox"/> Waiv		1

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

Offense Code(s) **1 2 3**

Key for Type: CI = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive
Waiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending

Remarks:

248 547-8048

CHECK IF APPROPRIATE ☐ Damage to Property ☐ Local Court Bond \$ ☐ License Posted in Lieu of Bond ☐ Appearance Certificate ☐ None

☐ Vehicle Impounded ☐ Injury ☐ Traffic Crash ☐ Death

Person in Active Military Service ☐ Yes ☒ No

SPE DATE BELOW SET BACK OF DATE OF CITATION AND INSTRUCTIONS

Appearance Date or Motion **MAY 19 2003 8:30 AM**

Waiver Date (if applicable) ☒ Formal Hearing Required ☐ Formal Hearing Required ☐ Formal Hearing Required ☐ Formal Hearing Required

In the **52-4 DISTRICT** Court of **OAKLAND COUNTY**

Court Address & Phone Number

520 W. BIG BEAVER RD., TROY, MICHIGAN 48084
PHONE: (248) 528-0400

☐ I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).
I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt if applicable **R. BRAGE** Month **4** Day **23** Year **03**

Officer's Name (printed) **R. BRAGE** Officer's ID No. **006**

Agency ORI **MI-6378400** Agency Name **TROY POLICE DEPARTMENT**

UC-01a (rev. 9/02) Court Copy-1

Ticket
650506

Name

Case No.



Michigan Department of Consumer & Industry Services
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)
7150 Harris Drive - P.O. Box 30005
Lansing, Michigan 48909-7505
Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT
(Authorized by P.A.58 of 1998)

* This report is not to be faxed or electronically submitted - an original signature is required*

* Officers please obtain **License No.**, **Bus. ID** and **File #** directly from the liquor license *

License No. Class C 1737-2003 SS Business ID 1116 File # _____

1. Name of Licensee HOOTERS OF TROY, INC. 2. Doing Business As HOOTERS

3. Mailing Address (street, city, zip code) 1686 John R

4. Township Troy 5. County Oakland

6. Type of License(s) & Permit(s) Sunday Sales ENT-WO

7. Date of Violation: Wednesday 04/23/03 1925 ☐ AM or ☒ PM
(DAY) (DATE) (HOUR)

8. Violation Type: ☒ Minor
☐ Intoxicated Person ☐ After hours sales/consumption
☐ Gambling ☐ Fighting (must be inside licensed premises)
☐ Controlled Substances ☐ Failure to Cooperate
☐ Prohibited Conduct OTHER: _____

if MINOR: Birth date 09/21/84 Was this a DECOY ? ☒ Yes ☐ No If no, you MUST answer below:
If above minor violation was NOT a decoy describe enforcement action taken:

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 03-12071

* REMINDER, PLEASE MAIL THIS REPORT TO THE ADDRESS ABOVE.*

Officer Signature *Russell R. Bragg* Name and Title (print) Officer Russell Bragg #006
Officer Signature *Justin Novak* Name and Title (print) Officer Justin Novak #025
Department Name Troy Police Department Phone # 248-524-3477

WITNESSES

1. Name _____ Address 500 West Big Beaver Road; Troy MI

Will testify to: Witness to transaction

2. Name 1 _____ Address 500 West Big Beaver Road; Troy MI

Will testify to: Witness to transaction

3. Name _____ Address 2 _____

Will testify to: Waitress that served beer to Kotenko

4. Name Officer Russell Bragg _____ Address 500 West Big Beaver Road; Troy MI

Will testify to: Witnessed transaction

5. Name Officer Justin Novak _____ Address 500 West Big Beaver Road; Troy MI

Will testify to: Witnessed transaction

EVIDENCE

Location Held (Explain):

Two photographs of alcohol served, held at Troy Police Department (property tag #121920)



JENNIFER M. GRANHOLM
GOVERNOR
August 28, 2003

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING
DAVID C. HOLLISTER, DIRECTOR

JUDITH ALLEN
CHAIRWOMAN

HOOTERS OF TROY, INC.
1686 JOHN R.
TROY, MI 48084

RE: Complaint No. 3-73464

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order, certified check, or authorized credit card payable to the STATE OF MICHIGAN must be received in this office no later than SEPTEMBER 29, 2003 as indicated on your Invoice No. 82422. Failure to submit the fine will result in confiscation of your license for the alternative penalty. In any event, costs assessed must be paid, as only fines assessed are alternative to a suspension.

If there are any questions regarding this Order, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor
Hearings and Appeals

SKC:ll

Enclosures

cc: Home Office
Troy Police Dept
Attorney Charles H. Lane

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION

IN RE: HOOTERS OF TROY, INC.
1686 JOHN R.
TROY, MI 48084

HEARING: JULY 15, 2003
PLACE: FARMINGTON
COMPLAINT NO: 3-73464
BUSINESS ID NO. 1116
CLASS C S ENT-WO

CHARGES - APRIL 23, 2003

- (1) Sold or furnished alcoholic liquor to _____, date of birth September 21, 1984, who was less than twenty-one (21) years old, contrary to Const 1963, art 4, § 40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

NEGOTIATED SETTLEMENT

This matter comes before the Commission as a proposed negotiated settlement, the state being represented by Linda Pytel McDowell, Assistant Attorney General, and the Licensed Corporation being represented by Attorney Charles Lane. The presence of an officer of the Licensed Corporation was waived. Pursuant to Section 903 of the Michigan Liquor Control Code, MCL 436.1903, and Rule 436.1909 of the Michigan Liquor Control Commission (MLCC), the parties stipulated and agreed that:

(1) the Licensed Corporation would acknowledge responsibility to the one charge in the Complaint;

(2) the Administrative Law Judge will enter the Violation Report of the case and attachments thereto into the record as substantive evidence without objection and will further

take notice of the prior record of this Licensed Corporation since being licensed by the MLCC at the above location under current ownership;

(3) the Licensed Corporation would pay a maximum fine of \$500, with no suspension or revocation as a penalty;

(4) there would be no appeal of this decision to the Appeal Board or to any court of law, and if not approved, the hearing officer would not recuse himself upon a contested hearing of the matter.

ORDER

The Licensed Corporation has been licensed at this location since December 6, 1996, and after reviewing the Licensed Corporation's past record and the Violation Report setting forth the facts of this case, the Administrative Law Judge accepts the terms of the Negotiated Settlement and orders as follows:

(1) the plea acknowledging the one charge in this case be accepted;

(2) the Violation Report and attachments are accepted as substantive evidence;

(3) based upon the Violation Report and statements at the hearing, the Administrative Law Judge finds that the Licensed Corporation did violate Section 801(2) of the Michigan Liquor Control Code, MCL 436.1801(2), as alleged in the one charge of the Complaint;

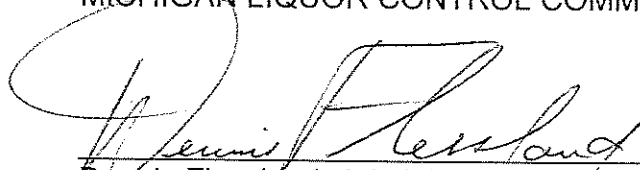
(4) for the charge for which a violation was found, the Licensed Corporation is fined \$500;

(5) a suspension of 25 continuous days be imposed if the total fine of \$500 is not paid, with this suspension to be served consecutively and not concurrently with any other suspensions ordered by the MLCC for the Licensed Corporation;

(6) this Negotiated Settlement is a full and final disposition of the matter before the MLCC, recognizing that as to the Complaint, there is no further right of administrative or judicial appeal, either to the MLCC or a court of law and that there are no promises, stipulations, understandings or agreements other than those stated in the record, and this Order represents the final agreed settlement.

In addition, the Administrative Law Judge Orders the Licensed Corporation to pay total cost of \$12.50 for witness fees involved in connection with this hearing.

MICHIGAN LIQUOR CONTROL COMMISSION


Dennis Flessland, Administrative Law Judge

Dated: August 26, 2003

Linda Pytel McDowell
Assistant Attorney General
24155 Drake Road
Farmington, MI 48335

Charles H. Lane
Attorney at Law
42669 Garfield, Ste. 326
Clinton Township, MI 48038

\$ 500 fine

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/30
XFER TKT# 01 03 650506
CASE 03 001800 PS 01 TYPE OM DEF NAME VANESSA,DEE,KING,
SOC SEC 000000000 SEX F RACE DOB 111084 LIC # MI K520839139863
ATTY BAR # NAME

OFFENSE 4252 000 FURNISH ALCOHOL TO MINOR DATE 042303 CONV CODE
CHARGE CODE JUDGE 10
DISP DUM B DISMISS PROS.ATNY MOTION AT BENCH TRIAL COND DATE 061203
SENTENCE DATE 061203 ARREST DATE JUDGMENT PRINT DATE 082103
FINES & COSTS TO BE PAID BY REST OTHER
JSA JAIL TIME: TIME CREDIT ACTUAL
IMMB DATE # OF DAYS VIN VEH YR
VEH MAKE VEH PLATE # IF F & C NOT PAID TO BE SERV
PROBATION: TIME TOT POE W/R W/E BEG DTE
OTHER:

CIRC: TCN#
CTN # SID # CLEMIS # 003-12071 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 03 NO 001800 MSP PDC C001 SEQ FUNCTION DS MODE



500 West Big Beaver
Troy, Michigan 48084
Fax: (248) 524-0851
www.ci.troy.mi.us

February 11, 2004

Area code (248)

Assessing
524-3311

Bldg. Inspections
524-3344

Bldg. Operations
524-3368

City Clerk
524-3316

City Manager
524-3330

Community Affairs
524-1147

Engineering
524-3383

Finance
524-3411

Fire-Administration
524-3419

Human Resources
524-3339

Information Technology
619-7279

Law
524-3320

Library
524-3545

Parks & Recreation
524-3484

Planning
524-3364

Police-Administration
524-3443

Public Works
524-3370

Purchasing
524-3338

Real Estate & Development
524-3498

Treasurer
524-3334

General Information
524-3300

Hooter's of Troy, Inc
1686 John R
Troy, Michigan 48084

Re: Liquor License: Hooter's
1686 John R
Troy, Michigan 48084

A Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 18, 2004 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: Class C (1737-2002)
Violation Name: Sale to Minor
Violation Date(s): 4/23/2003

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes, CMC
Deputy City Clerk

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
9590 2562 9357 0565	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Postmark Here	
Hooter's of Troy, Inc 1686 John R Troy, Michigan 48084	
PS Form 3800, Apr 2002 See reverse for instructions	

LCC Liquor Licensee History

Business name: **Chili's Bar & Grille**

Address: 402 W. Fourteen Mile (248) 589-2119

Licensee: Brinker Restaurant Corp., Inc.

License type: **Class C** (4474-2002)

Permits: Sunday Sales, Food

Comments:

Date	Troy Incident #	Type	Disposition	Date
7/27/93		License issued to Brinker, MI		
10/17/95	95-38394	Sale to minor (Compliance Insp)	\$400. fine	02/22/96
3/21/96	95-38394	Council hearing	All emp must be TIP or TAM, "One Drink Away" if comparable.	Complied.
12/12/96	96-45993	Sale to Minor (Compliance Insp)	\$600. fine	3/19/97
3/17/97	96-45993	Council hearing: TIPS or TAM train any staff not trained in last 90 days.	Complied.	3/24/97
10/29/98	98-43786	Sale to Minor (Compliance Insp.)	\$1000	3/23/99
01/13/99	99-01992	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/01/99	99-08103	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/22/99		City Council orders TIPS/TAM training to all emps within next 45 days with proof to police dept and annual re-certification		
06/23/99	99-23836	Compliance Test	PASSED	
07/27/99		Letter sent asking where proof is. Had 45 days.		
08/19/99		Received proof of TIPS training		
05/03/00	00-15060	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/26/00	none	Compliance Test	PASSED	
08/03/00	00-28338	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

10/17/00	00-38526	Compliance Test	PASSED	
11/16/00	00-42509	Sale to Minor (Compliance Test)	\$700 fine	04/20/01
02/05/01	01-04216	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/26/01		Council Show Cause -resolution to require TIPS/TAM training for all employees with proof to PD within 60 days- rec'd 05/10/01		
03/12/01	01-08562	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
05/02/01	01-15231	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
05/03/01		Compliance Test	PASSED	
05/10/01		Proof received TIPS		
07/17/01	01-15231	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/15/01	01-29299	Compliance Test	PASSED	
09/27/01	01-34727	Compliance Test	PASSED	
10/25/01	01-38535	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
01/25/02	02-02715	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/22/02	02-05697	Compliance Test	PASSED	
03/14/02	02-07993	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
04/25/02	02-12765	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/13/02	02-18699	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/26/02	02-	Compliance Test	PASSED	
10/09/02	02-33298	Liquor Inspection (Road Patrol- Lucas)	NO VIOLATIONS	
10/08/02	02-33180	Compliance Test	PASSED	
12/09/02	02-39851	Liquor Inspection (Road Patrol-Lucas)	NO VIOLATIONS	
02/20/03	03-5341	Liquor Inspection (Road Patrol-Lucas)	NO VIOLATIONS	
04/06/03	03-10149	Liquor Inspection (Road Patrol-Gobler)	NO VIOLATIONS	
04/23/03	03-12089	Compliance Test	PASSED	
06/20/03	03-18657	Sale to Minor (Compliance Test)	\$500 fine	10/28/03
07/14/03	03-21607	Liquor Inspection (Road Patrol-Gobler)	NO VIOLATIONS	
08/18/03	03-25842	Liquor Inspection (Road Patrol-Gobler)	NO VIOLATIONS	
10/27/03	03-33169	Compliance Test	PASSED	

12/15/03

03-38206

Liquor Inspection (Road Patrol-Boussie)

NO VIOLATIONS

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285

ORI # M1637B400

INCIDENT REPORT

SUPP [

PAGE 1 OF 2

01	DATE 06-20-03	DAY FRI	SHIFT 09	PLATOON 99	BADGE 1 08	BADGE 2 90	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 03	INCIDENT NUMBER 18657
02	RECEIVED 1745	DISPATCHED 1745	ARRIVED 1745	COMPLETED 2240	DATE(S) OCCURRED 06-20-03	TIMES(S) OCCURRED 1745	ASSIGNED HOUR / DAY 17 FRI			
03	LOCATION / ADDRESS 400 W. 14 MILE						LOCATION 2 (INTERSECTING STREET)			
04	CITY Troy	STATE MI	ZIP 48063	CODE L	BUSINESS NAME CHILE'S	BUSINESS PHONE (248) 584-2119				
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION RESTAURANT						ESTAB CODE 3840	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT	PATROL 04	GEOGRAPHIC
06	NATURE OF OFFENSE #1 L.C.C. VIOLATED		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense) B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING
07	NATURE OF OFFENSE #2		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY	
08	NATURE OF OFFENSE #3		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY	
09	NATURE OF OFFENSE #4		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY	OFFENSE COMMENTS

CODES	(1) REPT'D BY	(2) OWNER	(3) VICT	(4) PERS INTVY	(5) ARREST	(6) SUSPECT	(7) MISSING	(8) WITN	(9) SECUR'D BY	(O) JUV ARREST	(D) DRIVER	(P) PASSENGER	(S) SUMMONED	(R) RESPONSIBL				
V 10	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)										RAC	SEX	DOB	AGE		
I 11	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)										CITY	STATE	ZIP			
G 12	HOME PHONE	BUSINESS PHONE	(248)	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.												
T 13	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER	VICTIM INJURY	<input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY	<input type="checkbox"/> POSS. INT. INJURIES <input type="checkbox"/> SEVERE LACERATION	<input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS	<input type="checkbox"/> FATAL						
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY																	
M 15	OUTSIDE FAMILY, BUT KNOWN																	
16	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)										RAC	SEX	DOB	AGE		
A 17	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)										CITY	STATE	ZIP			
R 18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE										
R 19	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #													
E 20	PERSON COMMENTS / CLOTHING										SUMMONS / CITATION NUMBER(S)							
S 21	ARREST / SUMMONS DESCRIPTION										ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
T 22	ARREST / SUMMONS DESCRIPTION										ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
23	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR	<input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR	<input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST	<input type="checkbox"/> UNARMED <input type="checkbox"/> FIREARM <input type="checkbox"/> HANDGUN	<input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER FIREARM	<input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knives, etc.)	<input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN	<input type="checkbox"/> DISF <input type="checkbox"/> PER <input type="checkbox"/> MDT <input type="checkbox"/> TEL					

CODES	(H) HOLD	(S) STOLEN	(E) EVIDENCE	(L) LOST	(A) ATTACKED	(R) RECOVERED	(F) FOUND	(C) CONFISCATED	(I) IMPOUNDED	(V) SUSPECT VEHICLE	(B) BURNED	(Y) FORGED / COUNTERFEITED			
24	CODES	DESCRIPTION		PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL							
25	STYLE	COLOR(S)	TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.							
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NOIC REF #									
27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED							
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK										SEIZED DRUGS	TYPE	AMOUNT	MEAS	
29	INVESTIGATING OFFICER(S)										REVIEWED BY	ATTENTION TO:			

PERSON REPORT

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285

ORI # MI6378400

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRADITION DECLINED	YEAR	INCIDENT NUMBER				
	06/20/03	FRI	09	99	08	9062	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	03/19637					
CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITHN (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE														
V 02	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE				
	8		KAGNER, JEFFREY				W	F		18				
I 03	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY	STATE		ZIP					
	500 W. BIG BEAVER					TROY	MI		48064					
I 04	HOME PHONE	BUSINESS PHONE	STATE		DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.								
		54-3477				SUSPECT ENFORCEMENT A								
T 05	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS	<input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	<input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE	<input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY	<input type="checkbox"/> POSS INT INJURIES <input type="checkbox"/> SEVERE LACERATION	<input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS	<input type="checkbox"/> FATAL		
I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY					OUTSIDE FAMILY, BUT KNOWN					NOT KNOWN		REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	06 STRANGER	09 UNKNOWN	REL / OFF #					
I 07	02 CL SPOUSE	06 GRANDPARENT	10 STEPCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER								
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN								
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER								
V 08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE				
	413		ROTTACH, MARCY				W	F	04/16/80	23				
I 09	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY	STATE		ZIP					
	402 W. 14 MILE					TROY	MI		48063					
I 10	HOME PHONE	BUSINESS PHONE	STATE		DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.								
		589-2119				MANAGER AT CHILI'S								
T 11	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS	<input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	<input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE	<input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY	<input type="checkbox"/> POSS INT INJURIES <input type="checkbox"/> SEVERE LACERATION	<input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS	<input type="checkbox"/> FATAL		
I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY					OUTSIDE FAMILY, BUT KNOWN					NOT KNOWN		REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	06 STRANGER	09 UNKNOWN	REL / OFF #					
I 13	02 CL SPOUSE	06 GRANDPARENT	10 STEPCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER								
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN								
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER								
14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE				
A 15	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY	STATE		ZIP					
I 16	HOME PHONE	BUSINESS PHONE	HEIGHT		WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE		BUILD	SKIN TONE				
I 17	STATE	DRIVER'S LICENSE #	SOC. SEC. #		SID #	FBI #								
I 18	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)								
I 19	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER					
I 20	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER					
T 21	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST <input type="checkbox"/> Y <input type="checkbox"/> N	ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	<input type="checkbox"/> DI <input type="checkbox"/> PI <input type="checkbox"/> TE			
	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE				
A 23	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY	STATE		ZIP					
I 24	HOME PHONE	BUSINESS PHONE	HEIGHT		WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE		BUILD	SKIN TONE				
I 25	STATE	DRIVER'S LICENSE #	SOC. SEC. #		SID #	FBI #								
I 26	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)								
I 27	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER					
I 28	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER					
T 29	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST <input type="checkbox"/> Y <input type="checkbox"/> N	ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	<input type="checkbox"/> DI <input type="checkbox"/> PI <input type="checkbox"/> TE			
	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE				
I 29	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY	STATE		ZIP					
I 30	HOME PHONE	BUSINESS PHONE	HEIGHT		WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE		BUILD	SKIN TONE				
I 31	STATE	DRIVER'S LICENSE #	SOC. SEC. #		SID #	FBI #								
I 32	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)								
I 33	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER					
I 34	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER					
T 35	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST <input type="checkbox"/> Y <input type="checkbox"/> N	ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	<input type="checkbox"/> DI <input type="checkbox"/> PI <input type="checkbox"/> TE			
	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE				
I 36	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY	STATE		ZIP					
I 37	HOME PHONE	BUSINESS PHONE	HEIGHT		WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE		BUILD	SKIN TONE				
I 38	STATE	DRIVER'S LICENSE #	SOC. SEC. #		SID #	FBI #								
I 39	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)								
I 40	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER					
I 41	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER					
T 42	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST <input type="checkbox"/> Y <input type="checkbox"/> N	ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	<input type="checkbox"/> DI <input type="checkbox"/> PI <input type="checkbox"/> TE			
	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE				
I 43	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY	STATE		ZIP					
I 44	HOME PHONE	BUSINESS PHONE	HEIGHT		WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE		BUILD	SKIN TONE				
I 45	STATE	DRIVER'S LICENSE #	SOC. SEC. #		SID #	FBI #								
I 46	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)								
I 47	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER					
I 48	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER					
T 49	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST <input type="checkbox"/> Y <input type="checkbox"/> N	ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	<input type="checkbox"/> DI <input type="checkbox"/> PI <input type="checkbox"/> TE			
	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE				
I 50	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY	STATE		ZIP					
I 51	HOME PHONE	BUSINESS PHONE	HEIGHT		WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE		BUILD	SKIN TONE				
I 52	STATE	DRIVER'S LICENSE #	SOC. SEC. #		SID #	FBI #								
I 53	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)								
I 54	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER					
I 55	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER					
T 56	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST <input type="checkbox"/> Y <input type="checkbox"/> N	ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	<input type="checkbox"/> DI <input type="checkbox"/> PI <input type="checkbox"/> TE			
	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE				
I 57	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY	STATE		ZIP					
I 58	HOME PHONE	BUSINESS PHONE	HEIGHT		WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE		BUILD	SKIN TONE				
I 59	STATE	DRIVER'S LICENSE #	SOC. SEC. #		SID #	FBI #								
I 60	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)								
I 61	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER					
I 62	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER					
T 63	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST <input type="checkbox"/> Y <input type="checkbox"/> N	ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	<input type="checkbox"/> DI <input type="checkbox"/> PI <input type="checkbox"/> TE			
	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE				
I 64	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY	STATE		ZIP					
I 65	HOME PHONE	BUSINESS PHONE	HEIGHT		WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE		BUILD	SKIN TONE				
I 66	STATE	DRIVER'S LICENSE #	SOC. SEC. #		SID #	FBI #								
I 67	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)								
I 68	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER					
I 69	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER					
T 70	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST <input type="checkbox"/> Y <input type="checkbox"/> N	ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	<input type="checkbox"/> DI <input type="checkbox"/> PI <input type="checkbox"/> TE			
	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE				
I 71	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY	STATE		ZIP					
I 72	HOME PHONE	BUSINESS PHONE	HEIGHT		WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE		BUILD	SKIN TONE				
I 73	STATE	DRIVER'S LICENSE #	SOC. SEC. #		SID #	FBI #								
I 74	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)								
I 75	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER					
I 76	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER					
T 77	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUM												

NARRATIVE REPORT

☒ SUPP ☐ CORR ☐ DELETE

PAGE 3 OF 3

01	DATE 6/20/03	DAY Fri	SHIFT 9	PLAT 99	BADGE 1 89	BADGE 2 62	INCIDENT STATUS ___ CLR ARREST ___ UNF ___ CLR EXCEPT ___ INACT	PRIM CLASS	YEAR 03	INCIDENT # 18657
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RE: LCC violation (402 W. 14 Mile, Chili's restaurant).

On listed date and time DPU officers were conducting an undercover LCC check of listed business with 18-year-old decoys, _____ and _____

The decoys entered the business and sat at the bar. _____ ordered a 16oz Budweiser on draft while Wagner ordered a water. The bartender, Janelle Olson, asked _____ for I.D. _____ stated he didn't have it. Olson asked if he was 21 and _____ said yes. Olson then stated, "you're not going to get me in trouble are you?" then served _____ the beer.

Officers approached _____ and _____, secured the beer, and asked to see the manager, Marcy Rottach.

Officers explained the violation, issued Olson a citation for furnishing alcohol to a minor (cit#655551) and filled out the LCC violation form.

We took a picture of the beer, which was placed into property on tag#123660.

Olson stated that she had not been given the opportunity to attend TIPS or TAMS training.

INVESTIGATING OFFICER(S) Satterfield / Browne	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
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NARRATIVE REPORT
WITNESS STATEMENT

☐ SUPP ☐ CORR ☐ DELETE PAGE 1 OF 1

01	DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #
	01/01/2013	FRI	104	914	89	42	CLR ARREST CLR EXCEPT	UNF INACT	013	8057

02 Statement of _____ Home Phone: _____

03 Address: 500 West Big Beaver (PLEASE PRINT) Business Phone: _____

04 City: TROY State: MI Zip: 48084

05
06 At about 5:45pm we walked into Chilli's
07 and went directly to the bar area. The
08 officers stood at the front door
09 watching Kris and I sit down to order.
10 The waitress (bartender) asked what we
11 would like to drink. I told her I would
12 have a water. Kris said he would like
13 a draft beer. She asked for ID and Kris
14 looked through his wallet and said he
15 forgot it. While he was looking for his
16 ID, the bartender poured the beer and placed
17 it in front of him. She asked if he was
18 21 without seeing the ID and he said
19 yes. She then said ok and made sure Kris
20 was not going to get her in trouble. The
21 officer noticed and came over to talk
22 to the bartender and the manager.

23
24
25
26
27
28 Taken By: P. Brown (SIGNATURE)
29

Place: 500 W Big Beaver Date: 06/26/13 Time: 2200

INVESTIGATING OFFICER(S) REVIEWED BY ASSIGNED TO BADGE ATTENTION TO
SATTARFIELD (BLOWIE)

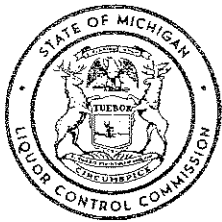
NARRATIVE REPORT
WITNESS STATEMENT

01	DATE 06/06/05	DAY Fri	SHIFT 019	PLAT 419	BADGE 1 89	BADGE 2 62	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> CLR EXCEPT	<input type="checkbox"/> UNF <input type="checkbox"/> INACT	PRIM CLASS	YEAR 03	INCIDENT # 8657
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02 Statement of: _____ Home Phone: _____
03 Address: 500 W. Big Beaver _____ Business Phone: _____
04 City: Troy _____ State: MI Zip: 48064

05
06 Approximately 5:45 pm my self and my deary
07 partner Ashley went into Chilly's on 14 mi and
08 We walked in and asked to wait at the Bar
09 for some friends who ~~the~~ were on their way the
10 Bartender was a female about 22 years of age. Blonde hair
11 which was tied up in a bun. We sat down and she
12 asked us what we would like to drink. Ashley asked for
13 a water where I sat and looked at all the girls
14 I decided to order a 16oz Budweiser on Draft. She
15 asked me for I.D. I looked in my wallet and said
16 I must have forgotten it. She asked me if I was 21
17 and I said 'yes, I'm 21'. She then said "you're not going to get
18 me in trouble, are you?" I said no. She then handed me
19 with the alcohol and the police officers were right there to
20 handle it
21
22
23
24
25
26

27 X: _____
28 Taken By: P. Brown (SIGNATURE)
29 Place: 500 W Big Beaver Date: 06/06/05 Time: 2200
INVESTIGATING OFFICER(S) REVIEWED BY ASSIGNED TO - BADGE ATTENTION TO



LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive

P.O. Box 30005

Lansing, Michigan 48909-7505

Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLETION REPORT

(Authorized by P.A.58 of 1998)

*** Officers Please Obtain This Information From The License ***

License No. 4474-2603 SS Business ID 2920 File # _____
CLASS C (THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee BRINKER RESTAURANT CORP 2. Doing Business As CHILI'S RESTAURANT

3. Mailing Address (street, city, zip code) 402 W. FOURTEEN MILE / 242-589-2119

4. Township _____ 5. County OAKLAND

6. Type of License(s) & Permit(s) CLASS C

7. Date of Violation: 6-20-03 550 AM or PM
(DAY) (DATE) (HOUR)

8. Violation Type: ☒ Minor
☐ Intoxicated Person ☐ After hours sales/consumption ☐ Gambling
☐ Fighting (must be inside licensed premises) ☐ Controlled Substances
☐ Failure to Cooperate ☐ Prohibited Conduct ☐ OTHER:

if MINOR: Birth date 09/21/84 Was this a DECOY ? (Yes) / No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken: _____

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 03-18657

Officer Signature _____ Name and Title (print) Off. V. Braine # 62

Officer Signature _____ Name and Title (print) of A. Satterfield #89

Department Name Tray PD Phone # 248 524-3477

WITNESSES

1. Name MARCY ROTTACH Address 402 W. 14 MILE

Will testify to: MANAGER 4-16-80

2. Name [unclear] Address Troy PD 500 W Big Bear Troy 48083

Will testify to: Barry; purchased beer from Olson

3. Name Janelle Lynne Olson Address 1714 Woodgate Troy MI 48083

Will testify to: Waitress who served " " the beer

4. Name Off. Andy Satterfield Address Troy PD 500 W Big Bear

Will testify to: Off. witnessed violation

5. Name Off. Patrick Browne Address Troy PD 500 W Big Bear

Will testify to: Off. witnessed violation

EVIDENCE

Location Held: (1) photo of beer served in Troy PD
property tag # 123660

Reviewed By: _____

TAG 123660

TROY POLICE DEPARTMENT PROPERTY RECORD

COMPLAINT # 03-18657 PROPERTY SECTION USE ONLY - BIN # _____

EVIDENCE ☒ PERSONAL ☐ FOUND ☐ RECOVERED ☐ CONFISCATED ☐

CHARGE/INCIDENT LCC Violation DESCRIPTION (i) photograph
of beer in mug

SERIAL # _____ DRUG WEIGHT _____

DEFENDANT Olson Janelle Lynne 06/29/81
LAST FIRST MIDDLE DOB

DEFENDANT _____
LAST FIRST MIDDLE DOB

DEFENDANT _____
LAST FIRST MIDDLE DOB

REPORTING OFFICER Browne / Setfield DATE 6/20/03 TIME 1745

INSTRUCTIONS TO PROPERTY ROOM: Hold for court / Chilis LCC

OWNER: NAME Troy PD PHONE _____

ADDRESS _____ CITY _____ ZIP _____

State of Michigan Uniform Law Citation		Ticket No 655551		<input type="checkbox"/> Victim Involved
US DOT #		Incident No 03-18657		Dist No 184
The People of <input type="checkbox"/> the State of Michigan <input type="checkbox"/> Township <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> County		Local Use/Arrest No		Detection Device
OF TROY		BAC		1st 1
THE UNDERSIGNED SAYS THAT ON		Month 06 Day 20 Year 2003	At approximately 1745 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Date of Birth 06/28/81
State MI	Driver's License Number 0405368964508	Social Security No		
Race W	Sex F	Height 509	Weight 142	Occupation/Employer
Name First Middle Last JANEKE LYNNE OLSON				
Address 1714 WEDGE GATE DR.				
City TROY State MI Zip 48063				
Vehicle Description (Year Make Color) 4002 D. 14 MILE				
City OAKLAND State MI Zip 48067				
X 9B10.06 SERVE ALCOHOL TO A MINOR				
MEED.				
520 W. BIG BEAVER RD., TROY, MICHIGAN 48064 PHONE: (248) 528-0400				
I, the undersigned, being duly sworn, depose and say that the statements above are true to the best of my information, knowledge, and belief.				
Complainant's Signature and Receipt (Print Name)		Month 06 Day 20 Year 2003	Officer's ID No 62/89	
Agency Name TROY POLICE DEPARTMENT		MI-6378400 UC-01a (rev. 9/02)		

655551

JULY 02, 2003 8:30 AM

Normal Hearing Required (Court will provide)

County of **OAKLAND COUNTY**

Count Copy-1

JENNIFER GRANHOLM
GOVERNOR



NIDA R. SAMONA
CHAIRPERSON

STATE OF MICHIGAN
LIQUOR CONTROL COMMISSION
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
DAVID C. HOLLISTER, DIRECTOR

November 7, 2003

BRINKER RESTAURANT CORPORATION
D/B/A CHILI'S BAR & GRILLE
402 W. FOURTEEN MILE
TROY, MI 48083

RE: Complaint No. 3-74623

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order, certified check, or authorized credit card payable to the STATE OF MICHIGAN must be received in this office no later than December 8, 2003 as indicated on your Invoice No. 82856. Failure to submit the fine will result in confiscation of your license for the alternative penalty. In any event, costs assessed must be paid as only fines assessed are alternative to a suspension.

If there are any questions regarding this Order, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor
Hearings and Appeals

SKC:wls

Enclosures

cc: Home Office
John B. Carlin, Jr., Attorney
✓ Troy PD

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION

IN RE: BRINKER RESTAURANT CORPORATION
D/B/A CHILI'S BAR & GRILLE
402 W. FOURTEEN MILE
TROY, MI 48083

HEARING: OCTOBER 1, 2003
PLACE: FARMINGTON
COMPLAINT NO: 3-74623
BUSINESS ID NO. 2920
CLASS C SS FOOD

CHARGES - JUNE 20, 2003

- (1) Sold or furnished alcoholic liquor to minor decoy, _____, date of birth September 21, 1984, who was less than twenty-one (21) years old, contrary to Const 1963, art 4, § 40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

NEGOTIATED SETTLEMENT

This matter comes before the Commission as a proposed negotiated settlement, the state being represented by Rosendo Asevedo, Assistant Attorney General, and the Licensed Corporation being represented by Attorney John Carlin, Jr. who is also an officer of the Licensed Corporation. Pursuant to Section 903 of the Michigan Liquor Control Code, MCL 436.1903, and Rule 436.1909 of the Michigan Liquor Control Commission (MLCC), the parties stipulated and agreed that:

- (1) the Licensed Corporation would acknowledge responsibility to the charge in the Complaint;
- (2) the Administrative Law Judge will enter the Violation Report of the case and attachments thereto into the record as substantive evidence without objection and will further

take notice of the prior record of this Licensed Corporation since being licensed by the MLCC at the above location under current ownership;

(3) the Licensed Corporation would pay a maximum fine of \$500, with no suspension or revocation as a penalty;

(4) there would be no appeal of this decision to the Appeal Board or to any court of law, and if not approved, the hearing officer would not recuse himself upon a contested hearing of the matter.

ORDER

The Licensed Corporation has been licensed at this location since April 23, 1997, and after reviewing the Licensed Corporation's past record and the Violation Report setting forth the facts of this case, the Administrative Law Judge accepts the terms of the Negotiated Settlement and orders as follows:

(1) the plea acknowledging the charge in this case be accepted;

(2) the Violation Report and attachments are accepted as substantive evidence;

(3) based upon the Violation Report and statements at the hearing, the Administrative Law Judge finds that the Licensed Corporation did violate Section 801(2) of the Michigan Liquor Control Code, MCL 436.1801(2), as alleged in the charge of the Complaint;

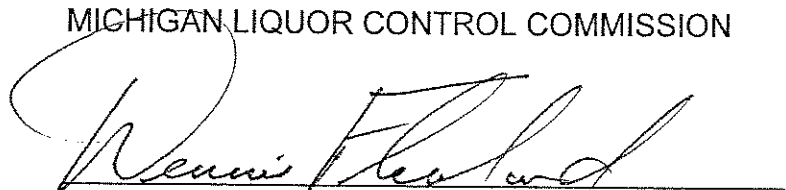
(4) for the charge for which a violation was found, the Licensed Corporation is fined \$500;

(5) a suspension of 25 continuous days be imposed if the total fine of \$500 is not paid, with this suspension to be served consecutively and not concurrently with any other suspensions ordered by the MLCC for the Licensed Corporation;

(6) this Negotiated Settlement is a full and final disposition of the matter before the MLCC, recognizing that as to the Complaint, there is no further right of administrative or judicial appeal, either to the MLCC or a court of law and that there are no promises, stipulations, understandings or agreements other than those stated in the record, and this Order represents the final agreed settlement.

In addition, the Administrative Law Judge Orders the Licensed Corporation to pay total cost of \$10.00 for witness fees involved in connection with the hearing.

MICHIGAN LIQUOR CONTROL COMMISSION



Dennis Flessland, Administrative Law Judge

Dated: October 28, 2003

Rosendo Asevedo
Assistant Attorney General
24155 Drake Road
Farmington, MI 48335

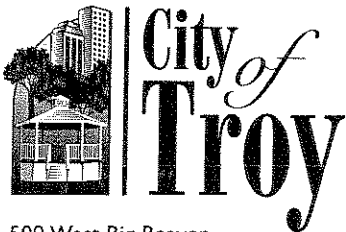
John B. Carlin, Jr.
Attorney at Law
38505 N. Woodward, Suite 3000
Bloomfield Hills, MI 48304

DF: 3-74623

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/31
XFER TKT# 01 03 655551
CASE 03 002642 PS 01 TYPE OM DEF NAME JANELLE, LYNNE, OLSON,
SOC SEC 000000000 SEX F RACE DOB 062981 LIC # MI 0425368564507
ATTY BAR # NAME

OFFENSE 4252 000 FURNISH ALCOHOL TO MINOR DATE 062003 CONV CODE
CHARGE CODE JUDGE 30
DISP PG B PLEA OF GUILTY AT BENCH TRIAL COND DATE 070103
SENTENCE DATE 070103 ARREST DATE JUDGMENT PRINT DATE 070103
FINES & COSTS 50.00 TO BE PAID BY 070103 REST OTHER 50
JSA JAIL TIME: TIME CREDIT ACTUAL
IMMB DATE # OF DAYS VIN VEH YR
VEH MAKE VEH PLATE # IF F & C NOT PAID TO BE SERV
PROBATION: TIME TOT POE W/R W/E BEG DTE
OTHER:

CIRC: TCN#
CTN # SID # CLEMIS # 003-18657 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 03 NO 002642 MSP PDC C001 SEQ FUNCTION DS MODE



500 West Big Beaver
Troy, Michigan 48084
Fax: (248) 524-0851
www.ci.troy.mi.us

February 10, 2004

Area code (248)

Assessing
524-3311

Bldg. Inspections
524-3344

Bldg. Operations
524-3368

City Clerk
524-3316

City Manager
524-3330

Community Affairs
524-1147

Engineering
524-3383

Finance
524-3411

Fire-Administration
524-3419

Human Resources
524-3339

Information Technology
619-7279

Law
524-3320

Library
524-3545

Parks & Recreation
524-3484

Planning
524-3364

Police-Administration
524-3443

Public Works
524-3370

Purchasing
524-3338

Real Estate & Development
524-3498

Treasurer
524-3334

General Information
524-3300

Brinker Restaurant Corp., Inc.
402 W 14 Mile
Troy, Michigan 48083

Re: Liquor License: Chili's Bar & Grille
402 W 14 Mile
Troy, Michigan 48083

A Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 18, 2004 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: Class C (4474-2002)
Violation Name: Sale to Minor
Violation Date(s): 6/20/2003

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes
Barbara A. Holmes, CMC
Deputy City Clerk

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Postmark Here	
Brinker Restaurant Corp., Inc. 402 W 14 Mile Troy, Michigan 48083	

PS Form 3800, April 2002 See Reverse for Instructions

LCC

Liquor Licensee History

Business name: **National Coney Island**

Address: 3364 Rochester (248) 524-0599

Licensee: National Coney Island, Inc.

License type: **Class C Resort** (41187-2002)

Permits: Sunday Sales, Official Permit (Food)

Comments:

Date	Troy Incident #	Type	Disposition	Date
06/23/99	99-23851	Compliance Test	PASSED	
11/16/99	none	Compliance Test	PASSED	
06/25/00	00-22545	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/26/00	none	Compliance Test	PASSED	
08/19/00	00-30617	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/27/00	00-39870	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
11/01/00	00-40519	Compliance Test	PASSED	
11/14/00	00-42174	Compliance Test	PASSED	
01/27/01	01-03138	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
04/10/01	01-12199	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
05/03/01		Compliance Test	PASSED	
06/30/01	01-23137	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/15/01	01-29313	Compliance Test	PASSED	
09/27/01	01-34735	Compliance Test	PASSED	
10/09/01	01-36257	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
12/12/01	01-44423	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/22/02	02-05722	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/26/02	02-06153	Compliance Test	PASSED	
04/09/02	0210790	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

06/22/02	02-19909	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/27/02	02-20607	Compliance Test	PASSED	
09/08/02	02-29627	Liquor Inspection (Road Patrol- Daniels)	NO VIOLATIONS	
10/8/02	02-33188	Compliance Test	PASSED	
10/26/02	02-35200	Liquor Inspection (Road Patrol- Boussie)	NO VIOLATIONS	
02/15/03	03-4829	Liquor Inspection (Road Patrol- Boussie)	NO VIOLATIONS	
04/23/03	03-12082	Sale to Minor (Compliance Test)	\$500 fine	08/26/03
06/19/03	03-18568	Compliance Test	PASSED	
10/27/03	03-33195	Compliance Test	PASSED	
11/18/03	03-35531	Liquor Inspection (Road Patrol-Dungjen)	NO VIOLATIONS	

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48084-5285
ORI # MI6378400

INCIDENT REPORT

SUPP ☐

PAGE 1 OF 3

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRACTION DECLINED	YEAR	INCIDENT NUMBER	
	04.23.03	WED	09	99	006	002	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	83	12082	
02	RECEIVED	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED	TIMES(S) OCCURRED	ASSIGNED HOUR / DAY				
	20.55	20.55	20.55	2.13	04.23.03	20.55	20.16.ED				
03	LOCATION / ADDRESS					LOCATION 2 (INTERSECTING STREET)					
	3364 ROCHESTER										
04	CITY	STATE	ZIP	CODE	BUSINESS NAME				BUSINESS PHONE		
	TROY	MI	48084	6	NATIONAL CANY ISLAND						
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION				ESTAB CODE	ORIGIN	HOW ACTIVATED		PATROL	GEOGRAPHIC	
	RESTAURANT				8640	<input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	<input type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER		05		
06	NATURE OF OFFENSE #1			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	#PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense)
	FURNISH ALCOHOL TO MINOR										B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING
07	NATURE OF OFFENSE #2			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	#PREM	ACTIVITY	
08	NATURE OF OFFENSE #3			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	#PREM	ACTIVITY	
09	NATURE OF OFFENSE #4			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	#PREM	ACTIVITY	OFFENSE COMMENTS

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITH (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE

V	10	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE
		18		DE BRAGA / OFC. NORAL							
I	11	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY	STATE	ZIP	
C	12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.					

T	13	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 3	VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	N <input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
I	14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN				NOT KNOWN		REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
		01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	08 STRANGER					
M	15	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	09 UNKNOWN					
		03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN	REL / OFF #					
		04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER						

A	16	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE
		45	01	STOYE - KATE, JULIE, KRISTEN				WF		04.20.69	34
R	17	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY	STATE	ZIP	
		3711 NORMANDY RD		ROYAL OAK				MI		48073	
	18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE		
				503	140	BRO	BLU				

R	19	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #					
		MI	361.45.44.78.305	388.78.3514							

E	20	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)								
			650507								

S	21	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER		

T	22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER		

23	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 INDICATOR <input type="checkbox"/> N / A	CLEAR <input type="checkbox"/> Y INDICATOR <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> PER <input type="checkbox"/> MDT <input type="checkbox"/> TEL	DISP	
----	-------------	--	---	--	--	--	--	---	---	--	------	--

CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED

24	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL
	E	PHOTO		01			

25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.

26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #
				12199	ROCHESTER	

27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED

28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK							SEIZED DRUGS	TYPE	AMOUNT	MEAS
	PHOTO OF GLASS OF BEER										

29	INVESTIGATING OFFICER(S)	REVIEWED BY:	ATTENTION TO:
	BRAGA / NORAL		

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285
ORI # M16378400

PERSON REPORT

SUPP ☐

PAGE 2 OF 3

01	DATE 04/23/03	DAY WED	SHIFT 09	PLATOON 90	BADGE 1 25	BADGE 2 006	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 03	INCIDENT NUMBER 12082
----	------------------	------------	-------------	---------------	---------------	----------------	---	---	------------	--------------------------

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITHN (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE

V 02	CODE 48	VICT # 1027073	NAME (LAST, FIRST, MIDDLE, SUFFIX) [REDACTED]	RAC W	SEX F	DOB 03/10/85	AGE 18
I 03	ADDRESS 4450	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY STERLING HEIGHTS	STATE MI	ZIP 48314		
G 04	HOME PHONE	BUSINESS PHONE 524-3477	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. DECOY		
T 05	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	L <input type="checkbox"/> POSS. INT. INJURIES U <input type="checkbox"/> SEVERE LACERATION
I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN
M 07	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	REL / OFF # FELONIOUS ASSAULT CIRCUMSTANCES

V 08	CODE 48	VICT # 1027073	NAME (LAST, FIRST, MIDDLE, SUFFIX) [REDACTED]	RAC W	SEX F	DOB 03/10/85	AGE 18
I 09	ADDRESS 4450	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY STERLING HEIGHTS	STATE MI	ZIP 48314		
G 10	HOME PHONE	BUSINESS PHONE 524-3477	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. DECOY		
T 11	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	L <input type="checkbox"/> POSS. INT. INJURIES U <input type="checkbox"/> SEVERE LACERATION
I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN
M 13	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	REL / OFF # FELONIOUS ASSAULT CIRCUMSTANCES

14	CODE 4	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) Netzel, Mark	RAC W	SEX M	DOB [REDACTED]	AGE
A 15	ADDRESS 3364	(DIRECTION, STREET, SUFFIX, QUALIFIER) Rochester Rd	CITY Troy	STATE MI	ZIP 48064		
R 16	HOME PHONE	BUSINESS PHONE 248 524-0599	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD / SKIN TONE

R 17	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
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E 18	PERSON COMMENTS / CLOTHING Manager	SUMMONS / CITATION NUMBER(S)
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S 19	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
------	------------------------------	-----------------	-------------	---------	---------	---------	----	-----	--------------------------

T 20	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
------	------------------------------	-----------------	-------------	---------	---------	---------	----	-----	-------------

21	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> INDICATOR	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST 01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	02 <input type="checkbox"/> RIFLE 13 <input type="checkbox"/> SHOTGUN 14 <input type="checkbox"/> CLUB / BRASS KNUCKLES	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
----	---	--	---	--	---	---	---	--

22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
----	------	-------	------------------------------------	-----	-----	-----	-----

A 23	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
------	---------	--	------	-------	-----

R 24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD / SKIN TONE
------	------------	----------------	--------	--------	------	-----------------------------	-------------------

R 25	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
------	-------	--------------------	-------------	-------	-------

E 26	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
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S 27	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
------	------------------------------	-----------------	-------------	---------	---------	---------	----	-----	--------------------------

T 28	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
------	------------------------------	-----------------	-------------	---------	---------	---------	----	-----	-------------

29	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> INDICATOR	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST 01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	02 <input type="checkbox"/> RIFLE 13 <input type="checkbox"/> SHOTGUN 14 <input type="checkbox"/> CLUB / BRASS KNUCKLES	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
----	---	--	---	--	---	---	---	--

30	INVESTIGATING OFFICER(S) NOVIK / BRAGG	REVIEWED BY:	ATTENTION TO:
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TROY POLICE DEPT.500 W. Big Beaver, Troy, MI 48064
ORI #MI6378400**NARRATIVE REPORT**☒ SUPP ☐ CORR ☐ DELETE PAGE 2 of 2

01	DATE 4/23/00 3	Day Wed	SHIFT 09	99	BADGE 1 006	BADGE 2 025	INCIDENT STATUS ___ CLR ARREST ___ UNF ___ CLR EXCEPT ___ INACT	PRIM CLASS	YEAR 03	INCIDENT # 12082

On the listed date and time, Directed Patrol Officers were making a liquor compliance check on the National Coney Island restaurant at 3364 Rochester Rd. Student enforcement aides [redacted] and [redacted] entered the restaurant and seated themselves at a booth. Both aides were 18 years old at the time of the test.

Waitress Strye-Vici approached the decoys and took their orders. [redacted] ordered a Budweiser on tap and [redacted] ordered a water. Strye-Vici failed to make inquiry of [redacted] to his age. After a couple minutes, Strye-Vici returned to the table with the beer and water. Officers then secured the scene and the enforcement aides left the restaurant.

Strye-Vici and manager Netzel were then advised of the violation. Strye-Vici stated that she normally checks all ID's, but neglected to in this case because the restaurant was very busy and they were short-staffed. Strye-Vici stated that she had been trained regarding the identification of underage customers.

Strye-Vici was issued Citation No. 650507 for Furnishing Alcohol to a Minor. A photograph of the beer served to [redacted] was tagged and entered into property. (Tag No. 121920)

BRAGG	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO

NARRATIVE REPORT
WITNESS STATEMENT

☐ SUPP

☐ CORR

☐ DELETE

PAGE ____ OF ____

01	DATE 04/23/03	DAY WED	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> CLR EXCEPT	<input type="checkbox"/> UNF <input type="checkbox"/> INACT	PRIM CLASS	YEAR	INCIDENT #
02	Statement of: <u>Kenneth J. Smith</u>						Home Phone:				
03	(PLEASE PRINT) Address: <u>500 W Big Beaver</u>						Business Phone:				
04	City: <u>Troy</u>						State: <u>MI</u> Zip: <u>48084</u>				
05											
06	We entered National Coney Island at 3364										
07	Rochester Road at approx. 8:50. We sat ourselves										
08	in a booth for four. Our waitress, Julie, was										
09	of average size with brown hair. She gave										
10	us menus and asked us for our drink order.										
11	I ordered water and Kristopher asked for										
12	the beer on tap options. He decided on a										
13	Bud beer. She brought us two glasses of										
14	water from the fountain machine. She then										
15	walked over to the bar and poured Kris' Bud.										
16	After bringing the beer over to the table, we										
17	waited approx. 5 minutes until an officer										
18	came to take over. We then got up to exit										
19	and we got back into our car.										
20											
21											
22											
23											
24											
25											
26											
27											
28	Taken By: _____						(SIGNATURE) <u>W</u>				
29	Place: _____						Date: _____ Time: _____				
INVESTIGATING OFFICER(S)					REVIEWED BY		ASSIGNED TO / BADGE		ATTENTION TO		

NARRATIVE REPORT
WITNESS STATEMENT

☐ SUPP ☐ CORR ☐ DELETE PAGE ____ OF ____

01	DATE 04/23/13	DAY WED	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR	INCIDENT #
02	Statement c..						Home Phone:			
03	(PLEASE PRINT) Address: 500 W. BIG BEAVER						Business Phone:			
04	City: TROY						State: MI		Zip: 48064	
05										
06	At 8:55 pm we had arrived at National									
07	Coney Island at 3364 Rochester Rd. The police									
08	were already inside at a table. We walked									
09	into the restaurant and sat ourselves at a									
10	table kiddy corner to the police men. The waitress									
11	approached our table and asked if we were									
12	ready to order. KATE said she just wanted a									
13	water and I said that I wasn't sure what I									
14	wanted to eat yet, but I take a Bud on tap.									
15	The waitress said okay, brought us two waters and									
16	then went to grab my Beer. She came back									
17	and served it to me, I was still looking at									
18	the Menu. The officer's noticed my Beer									
19	and a couple minutes after that had									
20	come to handle the situation. We left just									
21	as they were approaching our waitress.									
22										
23										
24										
25										
26										
27										
28	Taken By: (SIGNATURE)									
29	Place:						Date:		Time:	
INVESTIGATING OFFICER(S)					REVIEWED BY		ASSIGNED TO / BADGE		ATTENTION TO	

State of Michigan Uniform Law Citation				Ticket No. 650507		<input type="checkbox"/> Victim Involved	
US DOT #				Incident No. 03-12082		Dept. No. 784	
The People of <input type="checkbox"/> the State of Michigan <input type="checkbox"/> Township <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> County				Local Use/Arrest No.		Detection Device	
OF: TROY				BAC		1 of 1	
THE UNDERSIGNED SAYS THAT ON		Month 4 Day 23 Year 03	At approximately 8:55 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		Date Month 4 Day 23 Year 03		
State MI	Driver's License Number 5 861 454 478 305	Social Security No. 388 78 5514					
Race W	Sex F Height 53 Weight 140 Hair BRN Eyes BL	Occupation/Employer WAITRESS NATIONAL CONEY					
Name (First, Middle, Last) JULIE KRISTIN STRYE-VICI							
Street 3711 NORMANDY RD							
City ROYAL OAK		State MI		Zip Code 48073			
Vehicle Plate No.		Year	State	Vehicle Description (Year, Make, Color)		Type	
THE PERSON NAMED ABOVE, in violation of <input type="checkbox"/> Local Ordinance <input type="checkbox"/> State Law <input type="checkbox"/> Administrative Rule UPON 3364 ROCHESTER AT OR NEAR NATIONAL CONEY ISLAND WITHIN <input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWNSHIP OF TROY COUNTY OF OAKLAND							
MCL Cite/Parc Code				DID THE FOLLOWING			
Type	Ordinance	Description (include any bond amount collected on each charge)	Charge No.				
<input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend	<input type="checkbox"/> Fug	FURNISH ALCOHOL TO A MINOR	1				
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend	<input type="checkbox"/> Fug		2				
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend	<input type="checkbox"/> Fug		3				
TO THE COURT: Do not assign on a felony charge until an authorized complaint is filed.							
Offense Code(s)							
Key for Type: C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive							
Waiv = Violation for Which Fines/Costs May be Waived Authorization pend = Authorization pending							
Remarks VERY BUSY							
248 554 0677							
CHECK IF APPROPRIATE: <input type="checkbox"/> Damage to Property <input type="checkbox"/> Local Court Bond \$ <input type="checkbox"/> Vehicle Impounded <input type="checkbox"/> Injury <input type="checkbox"/> License Posted in Lieu of Bond <input type="checkbox"/> Traffic Crash <input type="checkbox"/> Death <input type="checkbox"/> Appearance Certificate Person in Active Military Service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> None							
SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS							
Appearance Date on or before MAY 21 2003 8:30 AM							
Hearing Date (if applicable) on <input checked="" type="checkbox"/> Contact Court							
<input type="checkbox"/> Juvenile Traffic Misd. (Court will Notify) <input type="checkbox"/> Formal Hearing Required. (Court will Notify)							
In the 52-4 DISTRICT				Court of OAKLAND COUNTY			
Court Address & Phone Number							
520 W. BIG BEAVER RD., TROY, MICHIGAN 48084 PHONE: (248) 528-0400							
<input type="checkbox"/> I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable). I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.							
Complainant's signature and receipt if applicable							
Officer's Name (printed) R BRACE				Officer's ID No. 806 125			
Agency ORI MI- 6378400				Agency Name TROY POLICE DEPARTMENT			
UC-01a				Court Copy-1			
(rev 9/02)							



Michigan Department of Consumer & Industry Services
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)
7150 Harris Drive - P.O. Box 30005
Lansing, Michigan 48909-7505
Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT
(Authorized by P.A.58 of 1998)

* This report is not to be faxed or electronically submitted - an original signature is required*

* Officers please obtain **License No.**, **Bus. ID** and **File #** directly from the liquor license *

License No. Class C 41187-2002 SS Business ID 7514 File # _____

1. Name of Licensee NATIONAL CONEY ISLAND, INC 2. Doing Business As NATIONAL CONEY ISLAND

3. Mailing Address (street, city, zip code) 3364 Rochester Road

4. Township Troy 5. County Oakland

6. Type of License(s) & Permit(s) Bar / Sunday Sales / Food

7. Date of Violation: Wednesday 04/23/03 2055 ☐ AM or ☒ PM
(DAY) (DATE) (HOUR)

8. Violation Type: ☒ Minor
☐ Intoxicated Person ☐ After hours sales/consumption
☐ Gambling ☐ Fighting (must be inside licensed premises)
☐ Controlled Substances ☐ Failure to Cooperate
☐ Prohibited Conduct OTHER: _____

if MINOR: Birth date 09/21/84 Was this a DECOY ? ☒ Yes ☐ No If no, you MUST answer below:
If above minor violation was NOT a decoy describe enforcement action taken:

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 03-12082

* REMINDER, PLEASE MAIL THIS REPORT TO THE ADDRESS ABOVE.*

Officer Signature Russell R Bragg Name and Title (print) Officer Russell Bragg #006
Officer Signature Justin Novak Name and Title (print) Officer Justin Novak #025
Department Name Troy Police Department Phone # 248-524-3477

WITNESSES

1. Name _____ Address 500 West Big Beaver Road; Troy MI

Will testify to: Witness to transaction

2. Name _____ Address 500 West Big Beaver Road; Troy MI

Will testify to: Witness to transaction

3. Name Julie Strye-Vici Address 3711 Normandy; Royal Oak MI 48073

Will testify to: Waitress that served beer to

4. Name Officer Russell Bragg Address 500 West Big Beaver Road; Troy MI

Will testify to: Witnessed transaction

5. Name Officer Justin Novak Address 500 West Big Beaver Road; Troy MI

Will testify to: Witnessed transaction

EVIDENCE

Location Held (Explain):

One photograph of alcohol served, held at Troy Police Department (property tag #121919)



JENNIFER M. GRANHOLM
GOVERNOR
August 28, 2003

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LANSING
DAVID C. HOLLISTER, DIRECTOR

JUDITH ALLEN
CHAIRWOMAN

NATIONAL CONEY ISLAND, INC.
D/B/A NATIONAL CONEY ISLAND
3364 ROCHESTER
TROY, MI 48084

RE: Complaint No. 3-73465

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order, certified check, or authorized credit card payable to the STATE OF MICHIGAN must be received in this office no later than SEPTEMBER 29, 2003 as indicated on your Invoice No. 82421. Failure to submit the fine will result in confiscation of your license for the alternative penalty. In any event, costs assessed must be paid, as only fines assessed are alternative to a suspension.

If there are any questions regarding this Order, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin

Susan K. Conklin, Supervisor
Hearings and Appeals

SKC:ll

Enclosures

cc: Home Office
Troy Police Dept
Attorney Thomas J. Giachino

STATE OF MICHIGAN

DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION

IN RE: NATIONAL CONEY ISLAND, INC.
D/B/A NATIONAL CONEY ISLAND
3364 ROCHESTER
TROY, MI 48084

HEARING: JULY 15, 2003
PLACE: FARMINGTON
COMPLAINT NO: 3-73465
BUSINESS ID NO. 7514
CC RES SS F

CHARGES - APRIL 23, 2003

- (1) Sold or furnished alcoholic liquor to _____ date of birth September 21, 1984, who was less than twenty-one (21) years old, contrary to Const 1963, art 4, § 40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

NEGOTIATED SETTLEMENT

This matter comes before the Commission as a proposed negotiated settlement, the state being represented by Linda Pytel McDowell, Assistant Attorney General, and the Licensed Corporation being represented by Attorney Thomas Giachino. The presence of an officer of the Licensed Corporation was waived. Pursuant to Section 903 of the Michigan Liquor Control Code, MCL 436.1903, and Rule 436.1909 of the Michigan Liquor Control Commission (MLCC), the parties stipulated and agreed that:

- (1) the Licensed Corporation would acknowledge responsibility to the one charge in the Complaint;
- (2) the Administrative Law Judge will enter the Violation Report of the case and attachments thereto into the record as substantive evidence without objection and will further

take notice of the prior record of this Licensed Corporation since being licensed by the MLCC at the above location under current ownership;

(3) the Licensed Corporation would pay a maximum fine of \$500, with no suspension or revocation as a penalty;

(4) there would be no appeal of this decision to the Appeal Board or to any court of law, and if not approved, the hearing officer would not recuse himself upon a contested hearing of the matter.

ORDER

The Licensed Corporation has been licensed at this location since May 22, 1998, and after reviewing the Licensed Corporation's past record and the Violation Report setting forth the facts of this case, the Administrative Law Judge accepts the terms of the Negotiated Settlement and orders as follows:

(1) the plea acknowledging the one charge in this case be accepted;

(2) the Violation Report and attachments are accepted as substantive evidence;

(3) based upon the Violation Report and statements at the hearing, the Administrative Law Judge finds that the Licensed Corporation did violate Section 801(2) of the Michigan Liquor Control Code, MCL 436.1801(2), as alleged in the one charge of the Complaint;

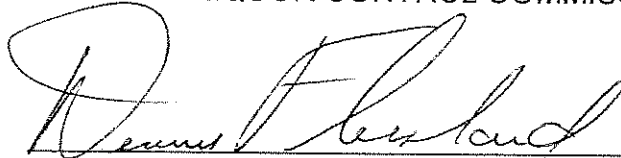
(4) for the charge for which a violation was found, the Licensed Corporation is fined \$500;

(5) a suspension of 25 continuous days be imposed if the total fine of \$500 is not paid, with this suspension to be served consecutively and not concurrently with any other suspensions ordered by the MLCC for the Licensed Corporation;

(6) this Negotiated Settlement is a full and final disposition of the matter before the MLCC, recognizing that as to the Complaint, there is no further right of administrative or judicial appeal, either to the MLCC or a court of law and that there are no promises, stipulations, understandings or agreements other than those stated in the record, and this Order represents the final agreed settlement.

In addition, the Administrative Law Judge Orders the Licensed Corporation to pay total cost of \$12.50 for witness fees involved in connection with this hearing.

MICHIGAN LIQUOR CONTROL COMMISSION


Dennis Flessland, Administrative Law Judge

Dated: August 26, 2003

Linda Pytel McDowell
Assistant Attorney General
24155 Drake Road
Farmington, MI 48335

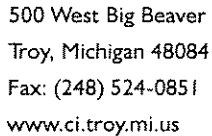
Thomas J. Giachino
Attorney at Law
25800 Northwestern Highway
P.O. Box 222
Southfield, MI 48037-0222

\$ 500 fine

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/30
XFER TKT# 01 03 650507
CASE 03 001801 PS 01 TYPE OM DEF NAME JULIE,KRISTIN,STRYE-VICI,
SOC SEC 000000000 SEX F RACE DOB 042069 LIC # MI S361454478305
ATTY BAR # P90000 NAME PUBLIC DEFENDER

OFFENSE 4252 000 FURNISH ALCOHOL TO MINOR DATE 042303 CONV CODE
CHARGE CODE JUDGE 20
DISP PG B PLEA OF GUILTY AT BENCH TRIAL COND DATE 071503
SENTENCE DATE 071503 ARREST DATE JUDGMENT PRINT DATE 071503
FINES & COSTS 50.00 TO BE PAID BY 072003 REST OTHER 200
JSA JAIL TIME: TIME CREDIT ACTUAL
IMMB DATE # OF DAYS VIN VEH YR
VEH MAKE VEH PLATE # IF F & C NOT PAID TO BE SERV
PROBATION: TIME TOT POE W/R W/E BEG DTE
OTHER:

CIRC: TCN#
CTN # SID # CLEMIS # 003-12082 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 03 NO 001801 MSP PDC C001 SEQ FUNCTION DS MODE



General Information
24-3300

Barbara A. Holmes
Barbara A. Holmes, CMC
Deputy City Clerk

Seifried

LCC

Liquor Licensee History

Business name: **Motor City Coney Cafe**

Address: 1949 W. Maple

Licensee: Motor City of Troy, Inc.

License type: **Class – C, Outdoor Service Permit**

Permits:

Comments: Talal Kakish

Date	Troy Incident #	Type	Disposition	Date
01/13/03		LAC approves new Class-C		
02/17/03		City Council approves new Class-C		
06/20/03	03-18670	Sale to Minor (Compliance Test)	\$600 fine	08/14/03
10/28/03	03-33324	Compliance Test	PASSED	

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285
ORI # M6378400

INCIDENT REPORT

SUPP ☐

PAGE 1 OF 3

01	DATE 06/20/03	DAY FRI	SHIFT 09	PLATOON 49	BADGE 1 089	BADGE 2 002	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 2003	INCIDENT NUMBER 1870	
02	RECEIVED 1910	DISPATCHED 1910	ARRIVED 1910	COMPLETED 2240	DATE(S) OCCURRED 06/20/03			TIMES(S) OCCURRED 1910		ASSIGNED HOUR / DAY 1910 FRI	
03	LOCATION 1 / ADDRESS 1949 W MARLE						LOCATION 2 (INTERSECTING STREET)				
04	CITY Troy	STATE MI	ZIP 48064	CODE	BUSINESS NAME MOTOR CITY CAFE			BUSINESS PHONE (248) 435-0945			
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION RESTAURANT				ESTAB CODE 3660	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> B11 <input type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED <input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL 07	GEOGRAPHIC		
06	NATURE OF OFFENSE #1 L.I.C. VIOLATION				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY
07	NATURE OF OFFENSE #2				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY
08	NATURE OF OFFENSE #3				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY
09	NATURE OF OFFENSE #4				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITH (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 10	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)		RAC	SEX	DOB	AGE			
I 11	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY	STATE	ZIP			
G 12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.						
T 13	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL	
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN				NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 15	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER	99 UNKNOWN	REL / OFF #		
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER					
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN					
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER					

16	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)		RAC	SEX	DOB	AGE
A 17	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY	STATE	ZIP
R 18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
R 19	STATE	DRIVER'S LICENSE #	SOC SEC #	SID #	FBI #			
E 20	PERSON COMMENTS / CLOTHING				SUMMONS / CITATION NUMBER(S)			
S 21	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM DIS DEPARTMENT ARREST NUMBER
T 22	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM DIS AFIS NUMBER
23	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL

CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED

24	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #	
27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK						SEIZED DRUGS
29	INVESTIGATING OFFICER(S)						REVIEWED BY: ATTENTION TO:

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285

CR# #M16379400

PERSON REPORT

SUPP ☐

PAGE 2 OF 2

DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRACTION DECLINED	YEAR	INCIDENT NUMBER	
01	06/20/03	FR	04	94	089	067	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	03 8670	
CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITH (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE										
02	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE
03	ADDRESS	DIRECTION, STREET, SUFFIX, QUALIFIER				CITY	STATE		ZIP	
04	HOME PHONE	BUSINESS PHONE (248)		STATE		DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.			
05	VICTIM	<input type="checkbox"/> 1 <input type="checkbox"/> 3	VICTIM TYPE		F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY		NOT KNOWN 98 STRANGER 99 UNKNOWN REL / OFF #	
06	CONNECTED TO OFFENSE	<input type="checkbox"/> 2 <input type="checkbox"/> 4	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY		OUTSIDE FAMILY, BUT KNOWN		VICTIM INJURY		REL / OFF #	
07	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	VICTIM INJURY		FELONIOUS ASSAULT CIRCUMSTANCES	
08	02 CL SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	VICTIM INJURY		REL / OFF #	
09	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN	VICTIM INJURY		REL / OFF #	
10	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER	VICTIM INJURY		REL / OFF #	
11	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE
12	ADDRESS	DIRECTION, STREET, SUFFIX, QUALIFIER				CITY	STATE		ZIP	
13	HOME PHONE (248)	BUSINESS PHONE		STATE		DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.			
14	VICTIM	<input type="checkbox"/> 1 <input type="checkbox"/> 3	VICTIM TYPE		F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY		NOT KNOWN 98 STRANGER 99 UNKNOWN REL / OFF #	
15	CONNECTED TO OFFENSE	<input type="checkbox"/> 2 <input type="checkbox"/> 4	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY		OUTSIDE FAMILY, BUT KNOWN		VICTIM INJURY		REL / OFF #	
16	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	VICTIM INJURY		FELONIOUS ASSAULT CIRCUMSTANCES	
17	02 CL SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	VICTIM INJURY		REL / OFF #	
18	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN	VICTIM INJURY		REL / OFF #	
19	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER	VICTIM INJURY		REL / OFF #	
20	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE
21	ADDRESS	DIRECTION, STREET, SUFFIX, QUALIFIER				CITY	STATE		ZIP	
22	HOME PHONE	BUSINESS PHONE		HEIGHT		WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE		BUILD
23	STATE	DRIVER'S LICENSE #		SOC. SEC. #		SID #	FBI #		SKIN TONE	
24	PERSON COMMENTS / CLOTHING						SUMMONS / CITATION NUMBER(S)			
25	ARREST / SUMMONS DESCRIPTION						ARREST CHARGE 1			
26	ARREST / SUMMONS DESCRIPTION						ARREST CHARGE 2			
27	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE ARREST <input type="checkbox"/> COUNT 1 INDICATOR <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y INDICATOR <input type="checkbox"/> N	UPON ARREST	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 21 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN	<input type="checkbox"/> DISP <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL
28	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE
29	ADDRESS	DIRECTION, STREET, SUFFIX, QUALIFIER				CITY	STATE		ZIP	
30	HOME PHONE	BUSINESS PHONE		HEIGHT		WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE		BUILD
31	STATE	DRIVER'S LICENSE #		SOC. SEC. #		SID #	FBI #		SKIN TONE	
32	PERSON COMMENTS / CLOTHING						SUMMONS / CITATION NUMBER(S)			
33	ARREST / SUMMONS DESCRIPTION						ARREST CHARGE 1			
34	ARREST / SUMMONS DESCRIPTION						ARREST CHARGE 2			
35	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE ARREST <input type="checkbox"/> COUNT 1 INDICATOR <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y INDICATOR <input type="checkbox"/> N	UPON ARREST	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 21 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN	<input type="checkbox"/> DISP <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL
36	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE
37	ADDRESS	DIRECTION, STREET, SUFFIX, QUALIFIER				CITY	STATE		ZIP	
38	HOME PHONE	BUSINESS PHONE		HEIGHT		WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE		BUILD
39	STATE	DRIVER'S LICENSE #		SOC. SEC. #		SID #	FBI #		SKIN TONE	
40	PERSON COMMENTS / CLOTHING						SUMMONS / CITATION NUMBER(S)			
41	ARREST / SUMMONS DESCRIPTION						ARREST CHARGE 1			
42	ARREST / SUMMONS DESCRIPTION						ARREST CHARGE 2			
43	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE ARREST <input type="checkbox"/> COUNT 1 INDICATOR <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y INDICATOR <input type="checkbox"/> N	UPON ARREST	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 21 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN	<input type="checkbox"/> DISP <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL
44	INVESTIGATING OFFICER(S)	REVIEWED BY				ATTENTION TO				

NARRATIVE REPORT

☒ SUPP ☐ CORR ☐ DELETE

PAGE OF

01	DATE 6/20/03	DAY Fri	SHIFT 9	PLAT 99	BADGE 1 89	BADGE 2 62	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 03	INCIDENT # 18670
----	-----------------	------------	------------	------------	---------------	---------------	---	---------------	------------	---------------------

RE: LCC violation (1949 W. Maple, Motor City of Troy Coney)

On listed date and time DPU officers were conducting an undercover LCC check of listed business with 18-year-old decoys, _____ and _____

The decoys sat at a booth and _____ ordered water while _____ ordered a Budweiser beer. The waitress, Danielle Susan Hobrow, asked _____ for I.D. _____ stated that she left it in the car. Hobrow asked if she was 21 and Wagner said yes. Wagner offered to go to the car to get the I.D.; however Hobrow stated the she didn't need to.

Hobrow served _____ the Beer and then walked away.

Officers approached _____ and _____ secured the beer, and asked to see the manager, Talal Naif Kakish.

We I.D.'ed ourselves and explained the violation to Kakish and Hobrow.

We took a Polaroid of the beer that was later entered into property on tag# 123661.

We issued Hobrow a citation for furnishing alcohol to a minor (cit# 655552).

We filled out the LCC violation form and advised Kakish and Hobrow of court proceedings and LCC hearings.

Hobrow stated that the business just starting serving alcohol a few hours prior, she had not been given the opportunity to attend TIPS or TAMS training, and she has never worked as a server at a business with a liquor license.

INVESTIGATING OFFICER(S) Satterfield / Browne	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
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NARRATIVE REPORT
WITNESS STATEMENT

ORI # MI6378400

☐ SUPP ☐ CORR ☐ DELETE PAGE 1 of 1

01	DATE 8/20/03	DAY TUE	SHIFT 09	PLAT 84	BADGE 1 84	BADGE 2 62	INCIDENT STATUS CLR ARREST CLR EXCEPT	UNF INACT	PRIM CLASS	YEAR 03	INCIDENT # 8670
----	-----------------	------------	-------------	------------	---------------	---------------	---	--------------	------------	------------	--------------------

02 Statement of: _____ Home Phone: _____
(PLEASE PRINT)

03 Address: 500 W Big Beaver _____ Business Phone: _____

04 City: Troy _____ State: MI Zip: 48064

05
06 At about 7:10 p.m. Ashley and myself went
07 into the Motorcity Cafe located at 1749 W Maple Rd
08 we asked for a table and they sat us immediately.
09 We were looking at the menu when Danielle our waitress
10 came to our table and asked us what we would like
11 to drink Ashley asked what do they have on tap the
12 waitress said let me go back, this is the first day
13 we have had beer she came back and named off the
14 list of beers Ashley ~~then~~ picked on bud light to
15 drink and I said that water would be fine the waitress
16 asked Ashley for ID and Ashley looked through his purse
17 for it. She ended up saying she must have forgotten it is
18 the car the waitress said, ok that's okay, you're 21 right? Ashley
19 said yes and was served the bud light. Ashley says
20 about 5 min away when it happened we were able to handle
21 the situation from there we then got up and left.

22
23
24
25
26
27 X: _____
(SIGNATURE)

28 Taken By: P. Brune
(SIGNATURE)

29 Place: 500 W Big Beaver _____ Date: 8/20/03 Time: 2200

INVESTIGATING OFFICER(S) J. S. [Signature]	REVIEWED BY	ASSIGNED TO BADGE	ATTENTION TO
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NARRATIVE REPORT
WITNESS STATEMENT

ORI # MI6378400

01	DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	UNF INACT	PRIM CLASS	YEAR	INCIDENT #
	06/20/03	FRI	01	44	84	63	<input type="checkbox"/> CLR ARREST <input type="checkbox"/> CLR EXCEPT	<input type="checkbox"/> UNF <input type="checkbox"/> INACT		03	18670

02 Statement of: r Home Phone: _____

03 Address: 500 West Big Beaver Business Phone: _____

04 City: Troy State: MI Zip: 48084

05
06 At approximately 7:10pm, Kris and I
07 walked into the Motor City Coney Cafe.
08 The two of us were seated in a booth
09 across from the bar. Our waitress brought
10 us some water and asked if we would like
11 anything else to drink. I asked her what types
12 of beer were on draft and she went to go
13 ask the bartender because they had just
14 started serving alcohol that day. I ordered
15 a Bud Light draft. She asked to see my
16 ID and I searched my purse for it. I
17 told her I had forgotten it in the car. She
18 then asked if I was 21 and I said yes.
19 I asked to go to the car and get it, but
20 she said I didn't need to. The bartender was
21 standing near by talking on his cell phone.
22 He noticed the beer at the table and stood
23 by us. He then asked for the waitress's
24 name and Kris and I then walked out.
25
26
27

28 Taken By: P. Brown X: _____
(SIGNATURE) (SIGNATURE)

29 Place: 500 W Big Beaver Date: 06/20/03 Time: 2200
INVESTIGATING OFFICER(S) REVIEWED BY ASSIGNED TO BADGE ATTENTION TO

30 SEPT 17 2003

03-18670



Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive

P.O. Box 30005

Lansing, Michigan 48909-7505

Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT

(Authorized by P.A.58 of 1998)

*** Officers Please Obtain This Information From The License ***

License No. 118796-2003 SS Business ID 144460 File # _____
CLASS C
(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee MOTOR CITY OF TROY INC. 2. Doing Business As MOTOR CITY OF TROY
3. Mailing Address (street, city, zip code) 1949 W. MAPLE
4. Township _____ 5. County OAKLAND
6. Type of License(s) & Permit(s) CLASS C, 1 BAR, SUNDAY SALES
7. Date of Violation: FRIDAY 6-20-03 710 AM or PM
(DAY) (DATE) (HOUR)
8. Violation Type: ☒ Minor
☐ Intoxicated Person ☐ After hours sales/consumption ☐ Gambling
☐ Fighting (must be inside licensed premises) ☐ Controlled Substances
☐ Failure to Cooperate ☐ Prohibited Conduct OTHER: _____

if MINOR: Birth date 08/18/84 Was this a DECOY? ☒ Yes / No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken: _____

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 03-18670

Officer Signature / Name and Title (print) Ofc. P. Browne # 62

Officer Signature _____ Name and Title (print) Ofc. A. Sawfield # 85

Department Name Troy PD Phone # 248 524-3477

1-13-74 WITNESSES

1. Name TALAL NAIF KARISH Address 2203 MAPLEDALE ST

Will testify to: MANAGER (248-435-0945)

2. Name Adam Address Troy PD 500 W Big Beaver, Troy, 48064

Will testify to: Danny; served a beer @ restaurant

3. Name " " Address " " Clawson, MI 48017

Will testify to: Waitress who served beer to Wayne

4. Name Ofc Patrick Browne Address Troy PD 500 W Big Beaver 48064

Will testify to: Ofc witnessed violation

5. Name Ofc Andy Satterfield Address Troy PD 500 W. Big Beaver 48064

Will testify to: Ofc witnessed violation

EVIDENCE

Location Held: (1) photo of beer served in Troy PD property
tag # 123661

Interviewed By: _____

TAG 123661

TROY POLICE DEPARTMENT PROPERTY RECORD

Complaint # 03-18670

PROPERTY SECTION USE ONLY - BIN # _____

Incidence ☒ PERSONAL ☐ FOUND ☐ RECOVERED ☐ CONFISCATED ☐

Charge/Incident LCC Violation Description (1) photograph of beer in glass

Serial # _____ Drug Weight _____

Fendant Hobrow Danielle Susan 12/20/82
LAST FIRST MIDDLE DOB

Fendant _____
LAST FIRST MIDDLE DOB

Fendant _____
LAST FIRST MIDDLE DOB

Reporting Officer Browne / Setfield DATE 08/20/03 TIME 19:10

Instructions to Property Room: Hold for court / Mohr City Council LCC

Officer: NAME Troy PD PHONE _____

Address _____ City _____ Zip _____

State of Michigan
Uniform Law Citation

Ticket No 655552

US DOT #

Incident No 03-18670

Dept No 784

The People of ☐ the State of Michigan
☐ Township ☒ City ☐ Village ☐ County

Local Use/Arrest No

Detection Device

OF TROY BAC

THE UNDERSIGNED Month Day Year At approximately ☐ A M Date Month Day Year
SAYS THAT ON 06 20 03 1940 X M 12 2003

State Drvs. MI F

Race Sex Height Weight Hair Eyes Occupation/Employer
W F 5'04 160 BLU

City State Zip Code
CLAWSON MI 48017

Vehicle Make Year Make Color

State Law ☒ Local Ordinance ☐ State Law ☐ Local Ordinance

1949 W. MARLE

88.000 SERVE ALCOHOL TOO A MINOR

MISD.

655552

July 02, 2003 8:30 AM

22-4 DISTRICT Court of OAKLAND COUNTY

520 W. BIG BEAVER RD., TROY, MICHIGAN 48064
PHONE: (248) 528-0400

I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Signature of Defendant

Signature of Officer

Month Day Year 06 20 03

Officer's Name (printed) A. S. F. F. F.

Officer's ID No 89/62

Agency City Agency Name TROY POLICE DEPARTMENT

MI 6378400

UC-01a

rev 9/02

Court Copy-1



\$600 fine

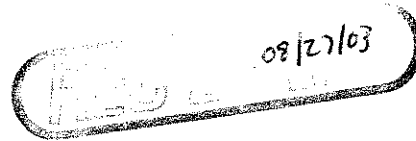
JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
LIQUOR CONTROL COMMISSION
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
DAVID C. HOLLISTER, DIRECTOR

JUDITH ALLEN
CHAIRPERSON

August 22, 2003

MOTOR CITY OF TROY, INC.
D/B/A MOTOR CITY CONEY CAFE
1949 W. MAPLE
TROY, MI 48084



RE: Complaint No. 3-74624

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order, certified check, or authorized credit card payable to the STATE OF MICHIGAN must be received in this office no later than September 29, 2003 as indicated on your Invoice No. 82372. Failure to submit the fine will result in confiscation of your license for the alternative penalty.

Should you wish to appeal the decision, a request for an appeal, accompanied by a fee of \$25, must be received in this office within 20 days from the mailing date of this Order. **IN FILING FOR AN APPEAL, YOU MUST STATE YOUR REASONS FOR REQUESTING THE APPEAL OR YOUR REQUEST WILL NOT BE HONORED.**

If there are any questions regarding this Order, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor
Hearings and Appeals

SKC:tmn

Enclosures

cc: Troy PD

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION

IN RE: MOTOR CITY OF TROY, INC.
D/B/A MOTOR CITY CONEY CAFÉ
1949 W. MAPLE
TROY, MI. 48084

COMPLAINT NO. 3-74624
BUSINESS I.D. NO. 144460

CLASS C

CHARGE - June 20, 2003

- (1) Sell, furnish or give away alcoholic liquor to a person, one .
who had not then attained the age of twenty-one (21) years,
contrary to Const. 1963, Art. 4, §40 and contrary to Section 801(2)
and/or Section 701(1) of the Michigan Liquor Control Code, MCL
436.1801(2) and/or MCL 436.1701(1).

FINDINGS OF FACT

The Commissioner finds as fact that based upon the signature of Talal Kakish, an officer of the above named Licensed Corporation, on the Waiver and Acknowledgment form of the Michigan Liquor Control Commission (MLCC), the aforementioned Licensee in this case voluntarily waived right to contest the cited allegation in this matter and, further, waived right to a hearing and entered a plea of acknowledgment to the one charge stated in Case No. 3-74624 pursuant to Rule 436.1907 of the MLCC.

The Commissioner further accepts the Violation Report of this case and attachments therein and a True Copy of the prior record of this Licensee since being licensed by the MLCC at the above named location under the current ownership as evidence in lieu of testimony in this matter.

The Commissioner believes and finds as fact, on the bases of the Violation Report and attachments therein, that [REDACTED], while under the direction of the Troy Police Department, entered the above named licensed establishment during June 20, 2003 and was served alcoholic liquor by an employee of the above-named Licensee without showing proper proof of age.

The Commissioner further finds that the employee of the above-named Licensee in this case requested, but was not shown, proper proof of age and did not make a diligent inquiry to determine the proper true age of the purchaser.

The Commissioner further believes and finds as fact, on the bases of the Violation Report and attachments therein, that [REDACTED] was 18 years of age at the time of this incident.

The Commissioner took under consideration for mitigative circumstances a signed written statement submitted to the MLCC by the above-named Talal Kakish which stated, in part, that the employee involved in this case has been dismissed as a result of this incident.

CONCLUSIONS OF LAW

Based upon the aforementioned Acknowledgment and Findings of Fact, the Commissioner concludes that the Licensee in Case No. 3-74624 did violate MCL 436.1801(2), as cited.

ORDER

In determining penalty for the charge for which a violation was found, the Commissioner considered the young age of the purchaser and the Licensee's total record which shows no prior violation since being licensed by the MLCC on June 9, 2003 at the above named location under the current ownership.

The Commissioner, therefore, Orders a fine of \$600.00 as penalty in this matter. The Commissioner further Orders that a suspension of 30 days be imposed if the fine is not paid.

MICHIGAN LIQUOR CONTROL COMMISSION

Dated: August 14, 2003



Ena Weathers, Commissioner

THIS COPY



500 West Big Beaver
Troy, Michigan 48084
Fax: (248) 524-0851
www.ci.troy.mi.us

February 10, 2004

Area code (248)

Assessing
524-3311

Bldg. Inspections
524-3344

Bldg. Operations
524-3368

City Clerk
524-3316

City Manager
524-3330

Community Affairs
524-1147

Engineering
524-3383

Finance
524-3411

Fire-Administration
524-3419

Human Resources
524-3339

Information Technology
619-7279

Law
524-3320

Library
524-3545

Parks & Recreation
524-3484

Planning
524-3364

Police-Administration
524-3443

Public Works
524-3370

Purchasing
524-3338

Real Estate & Development
524-3498

Treasurer
524-3334

General Information
524-3300

Motor City of Troy, Inc.
1949 W Maple
Troy, Michigan 48084

Re: Liquor License: Motor City Coney Café
1949 W Maple
Troy, Michigan 48084

A Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 18, 2004 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: Class C, Outdoor Service Permit (118796-2003 SS)
Violation Name: Sale to Minor
Violation Date(s): 6/20/2003

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes, CMC
Deputy City Clerk

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Restricted Delivery Fee (Endorsement Required)	
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Motor City of Troy, Inc. 1949 W Maple Troy, Michigan 48084	

7002 1000 0004 9357 0527

Form 3800, April 2002 See Reverse for Instructions